Great Ormond Street Hospital Children's Cancer Centre (GOSHCCC)
Planning Statement

20/05/2022

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Turley

Contents

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Client
Turley

Our reference
BDPL3001

20 May 2022

Turley

Executive Summary

1. This planning application seeks planning permission from the London Borough of Camden (LBC) for the redevelopment of the Great Ormond Street Hospital (GOSH) Frontage Building to provide a replacement hospital building. This new building will incorporate a new hospital entrance and gateway to the wider Great Ormond Street hospital site, provide new specialised functionality for a children's cancer centre, and deliver 18,288sqm GIA of high-quality additional healthcare floorspace (Use Class C2).

2. The proposed new Great Ormond Street Hospital Children's Cancer Centre (GOSHCCC) will replace the existing 5 storey building to provide 8 storeys above ground with 2 basement levels. Two of these levels will be dedicated plant levels (one in the basement and one at the 8th storey above ground.) A landscaped roof terrace at roof level will provide external amenity for use by patients, staff and visitors, as well as greened balcony spaces located on the front façade. Figure 1 below illustrates the internal hospital accommodation.

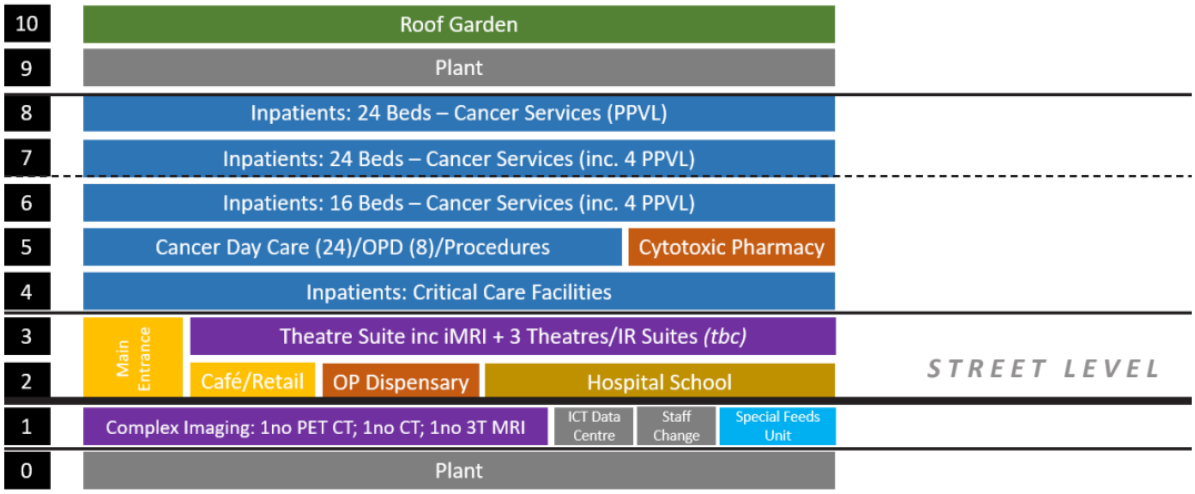

Figure 1: GOSHCCC Internal Accommodation

3. The proposals are the result of sustained, close and collaborative engagement with Camden Officers, the Council's Design Review Panel, the GLA, TfL, local councillors, residents and neighbours.

4. London Plan and Camden Local Plan planning policy supports the replacement, enhancement and optimisation of healthcare facilities and floorspace at this constrained site to best accommodate the existing shortfall and projected need for additional hospital floorspace at GOSH.

5. The Applicant has considered options available to them including the existing building retention and upgrade which is set out within a Demolition Feasibility Report that is submitted with the planning application. This approach was found to fall far short of the modern patient delivery, commercial and sustainability benefits and standards that

could be achieved by the replacement of the existing building with a new hospital building. The new GOSHCCC has been designed to meet the client brief and deliver a highly sustainable building.

6. Redevelopment of the site also offers a unique opportunity to create a landmark building and a new main entrance for the world-renowned hospital leading into the existing wider GOSH hospital site.

7. With the site located in the Bloomsbury Conservation Area, the new building has been designed to specifically draw on architectural cues from the immediate and surrounding area, specifically the adjacent Paul O'Gorman Building and the Great Ormond Street townhouses opposite. Particular effort has been made to incorporate light and playful elements into the design alongside public art which will speak to the child users of the development.

8. The proposed development will increase the presence of the Hospital within the Public Realm and will also look to support work around enhanced biodiversity, urban greening, air quality, and Sustainability. The proposed GOSHCCC will be a significant improvement over the existing operational and environmental performance of the building on site.

9. The Proposed Development delivers a comprehensive range of public, clinical and health benefits and is compliant with NPPF, London and Local Plan Planning Policies.

1. Introduction

1.1 This Planning Statement has been prepared on behalf of the Applicant, Great Ormond Street Hospital for Children NHS Foundation Trust (referred to hereafter as the 'Applicant') in collaboration with the appointed design and build contractor John Sisk & Son (Holdings) Ltd (referred to hereafter as Sisk) to support an application to the London Borough of Camden (LBC) for full planning permission for the redevelopment of the Great Ormond Street Hospital (GOSH) Frontage Building and Entrance on Great Ormond Street WC1N 3JH (referred to hereafter as the 'site'), to provide a new Children's Cancer Centre (GOSHCCC).

1.2 The application seeks planning permission and conservation area consent for the following 'Proposed Development':

> *"Redevelopment of the Great Ormond Street Hospital (GOSH) Frontage Building comprising demolition of the existing building, and erection of a replacement 8 storey hospital building (Class C2 Use) together with 2 basement floors, roof top, balcony and ground floor landscaped amenity spaces, cycle storage, refuse storage and other ancillary and associated works pursuant to the development."*

Environmental Impact Assessment

1.3 The development proposals will provide a new replacement frontage building of 18,288 (GIA) across 10 floors of accommodation (including 2 basement levels) on the 3,066 sqm Site. The Town and Country Planning (Environmental Impact Assessment) Regulations 2017 (as amended) ("the Regulations") define 'EIA development' as Schedule 1 development or Schedule 2 development which is '*likely to have significant effects on the environment by virtue of factors such as its nature, size or location*'.

1.4 Schedule 1 development comprises specific types of strategic development which the development proposals are not (i.e. power stations etc).

1.5 At part 10 (B) of Schedule 2 of the Regulations, the definition of Schedule 2 development includes 'Urban development projects, including the construction of shopping centres and car parks, sports stadiums, leisure centres and multiplex cinemas' where: 2 '(i) the development includes more than 1 hectare of urban development which is not dwelling house development; or (ii) the development includes more than 150 dwellings; or (iii) the overall area of the development exceeds 5 hectares.'

1.6 The development proposals at the Site can be classified as 'Urban Development.' As the Site is less than 1 hectare, the overall area of development is less than 5 hectares and the development is not for any residential dwellings over 150 units in size, the proposed development does not qualify as Schedule 2 development and therefore does not fall for assessment as an EIA development. Furthermore, the Site is not located within a sensitive area, as defined at Part 1, Regulation 2 which defines sensitive sites as: (a) Sites of special scientific interest; (b) a National Park; (c) The Broads; (d) A UNESCO World Heritage Site; (e) A scheduled monument; (f) A Natural England area of outstanding natural beauty; and (g) A European site. Finally, as set out within the supporting planning application reports,

the proposed development is not considered to give rise to any environmental effects that are significant. This position has been recognised and supported by LBC.

1.7 Submission Documents

1.8 The planning application is accompanied by the following documents and should all be read in conjunction with the Planning Statement (this document):

- Application form and ownership certificates;
- Site location plan, prepared by BDP;
- Existing, demolition and proposed drawings, prepared by BDP;
- Air Quality Assessment, prepared by ADAS;
- Arboricultural Planning Statement, prepared by ADAS;
- Demolition and Construction Environment Management Plan, prepared by SISK;
- LBC Demolition and Construction Environmental Management Plan Pro-Forma, prepared by SISK;
- Daylight and Sunlight Assessment, prepared by Avison Young;
- Design and Access Statement, prepared by BDP, incorporating:
- Landscape Strategy Report, prepared by BDP;
- Waste Management Strategy, prepared by BDP;
- Fire Statement, prepared by Jensen Hughes;
- Heritage and Townscape Visual Impact Assessment, prepared by Turley
- Basement Impact Statement, prepared by A-Square;
- Structural Report, prepared by A-Square;
- Building Damage Ground Movement Assessment, prepared by A-Square;
- Thames Water Utilities Ground Movement Assessment, prepared by A-Square;
- Biodiversity survey and report (including bat survey), prepared by ADAS;
- Energy Statement including BREEAM Pre-Assessment, prepared by BDP;
- Sustainability Statement, prepared by BDP;
- Whole Life Carbon Assessment, prepared by BDP;
- Circular Economy Statement, prepared by BDP;

- Flood Risk Assessment and Drainage Strategy, prepared by ADAS;
- Noise Impact Assessment, prepared by RSK;
- Transport Assessment (including Access and Servicing Plan, Waste Storage and Collection Plan), prepared by RSK;
- Travel Plan, prepared by GOSH;
- Ground Contamination Assessment, prepared by A-Square;
- Statement of Community Engagement, prepared by Turley;
- Foul Sewage and Utilities Assessment, prepared by A-Square;
- Archaeology Desktop Assessment, prepared by ADAS;
- Lighting Assessment, prepared by Avison Young;
- Ventilation, Extraction and Biohazard Statement, prepared by BDP;
- Geotechnical Design Report, prepared by ADAS;
- Geotechnical and Geo Environmental Desk Study Report, prepared by ADAS;
- Utilities Survey Report, prepared by A2 Site Investigations; and
- Demolition Feasibility Study, prepared by GOSH, BDP and SISK.

1.9 This planning application relates to Phase 4 of the five-phase redevelopment programme for Great Ormond Street Hospital which aims to rebuild two thirds of the hospital over a 20-year period, to upgrade and better meet forecast future healthcare needs.

1.10 Improving outcomes for cancer is a major priority for the UK and paediatric cancer is assuming increasing importance. The proposed GOSHCCC will create a national resource for children with rare and difficult-to treat cancers. GOSH has a vision for the centre – to create facilities where expert clinicians can improve outcomes for children through holistic, personalised and coordinated care across the child's entire cancer journey.

1.11 GOSH is a world renowned, leading children's healthcare provider, however it is widely accepted that the main entrance is hard to find and the clinical buildings along Great Ormond Street are underwhelming and give little or no sense of what goes on within them. The GOSHCCC development presents an opportunity to give greater expression to GOSH's identity along its principal frontage, provide an enhanced and more welcoming experience for patients and users and to create a new public face for the hospital.

1.12 The submission of this planning application follows discussions with a wide range of stakeholders and statutory consultees, including the planning, design, conservation, energy/sustainability and transport teams at LBC, the LBC Design Review Panel, GLA, TfL, local businesses, ward councillors, local groups, resident groups, and local neighbours.

1.13 This statement should be read and considered in conjunction with the plans, drawings and documents submitted as part of this planning application, listed above and within the Cover Letter submitted in support of this planning application.

1.14 This document provides an overview of the site and the development proposal and an evaluation of the proposed development against the relevant national, strategic and local planning policy and guidance. The Planning Statement is structured as follows:

- **Chapter 1** provides an introduction to the proposals;
- **Chapter 2** presents an overview of GOSH;
- **Chapter 3** describes the site and the context of the surrounding area;
- **Chapter 4** provides the relevant planning history of the site;
- **Chapter 5** provides a description of the proposed development;
- **Chapter 6** summarises the pre-app consultations undertaken;
- **Chapter 7** provides an overview of the project benefits;
- **Chapter 8** sets out the relevant national, regional and local planning policy context and planning policies relevant to the planning application;
- **Chapter 9** provides an assessment of the proposed development against the relevant planning policies and guidance;
- **Chapter 10** sets out relevant planning obligation policy and proposed heads of terms for the Proposals; and
- **Chapter 11** concludes the Planning Statement and gives justifications for why the scheme should be approved in line with the NPPF and the Development Plan.

2. Great Ormond Street Hospital

GOSH - The Institution

2.1 Great Ormond Street Hospital (GOSH) is an international centre of excellence in child healthcare. Together with their research partner, the UCL Great Ormond Street Institute of Child Health, GOSH hosts the UK's only paediatric National Institute for Health Research (NIHR) Biomedical Research Centre (BRC).

2.2 Since its formation in 1852, the hospital has been dedicated to children's healthcare and to finding new and better ways to treat childhood illnesses.

2.3 Great Ormond Street Hospital receives 237,908 outpatient visits and 43,218 inpatient visits every year (figures from 2018/19). Most of the children GOSH cares for are referred from other hospitals throughout the UK and overseas. There are 63 different clinical specialties at GOSH; the UK's widest range of specialist health services for children on one site. More than half of its patients are referred from outside London and a small proportion come from overseas.

2.4 GOSH is the largest paediatric centre in the UK for:

- paediatric intensive care
- cardiac surgery - comprising one of the largest heart transplant centres for children in the world
- neurosurgery - facilitating around 60 per cent of all UK operations for children with epilepsy
- paediatric cancer services including bone marrow transplants – with University College London Hospitals (UCLH), we are one of the largest centres in Europe for children with cancer
- nephrology and renal transplants
- children treated from overseas in our International and Private Patient (IPP) wing

GOSH - Mission and Values

2.5 The GOSH mission of 'child first and always' was updated in 2017 to better describe what lies at the heart of the work GOSH does; which is to help the sickest children with complex health needs to fulfil their potential. In order to turn this vision into a reality GOSH has defined four priorities:

- "*We will achieve the best possible outcomes through providing the safest, most effective and efficient care*
- *We will attract and retain the right people and through creating a culture that enables us to learn and thrive*

- *We will improve children's lives through research and innovation*
- *We will transform care and the way we provide it through harnessing technology"*

2.6 In order to fulfil the above key priorities and lead on medical advances it is necessary to deliver hospital infrastructure that is able to facilitate the fast pace of change in the medical sector. The proposed GOSHCCC has been designed with adaptability in mind so that it is flexible and able to best respond to future needs of the hospital.

GOSH - Growth and Masterplan

2.7 GOSH has been constantly evolving since it opened in a Georgian townhouse on Great Ormond Street in 1852 and is now more than halfway through an ambitious redevelopment programme (GOSH Masterplan 2015) to rebuild two-thirds of the hospital site.

2.8 Upgrading the estate allows the hospital to offer world-class treatment to more children and to care for them and their families in safer, more comfortable environments with new facilities appropriate for world-class paediatric care. It also allows GOSH, together with the UCL's Institute of Child Health (ICH) and Institute of Cardiovascular Science (ICS), to undertake research and develop new diagnostics, treatments and devices that can improve the lives of patients treated at GOSH and children elsewhere in the UK and abroad.

2.9 The GOSH Masterplan (2015) is included in Figure 2 below (Note Phase 4B no longer forms part of the proposed Masterplan with the GOSHCCC changing from Phase 4A to Phase 4) and a commentary on each is provided below.

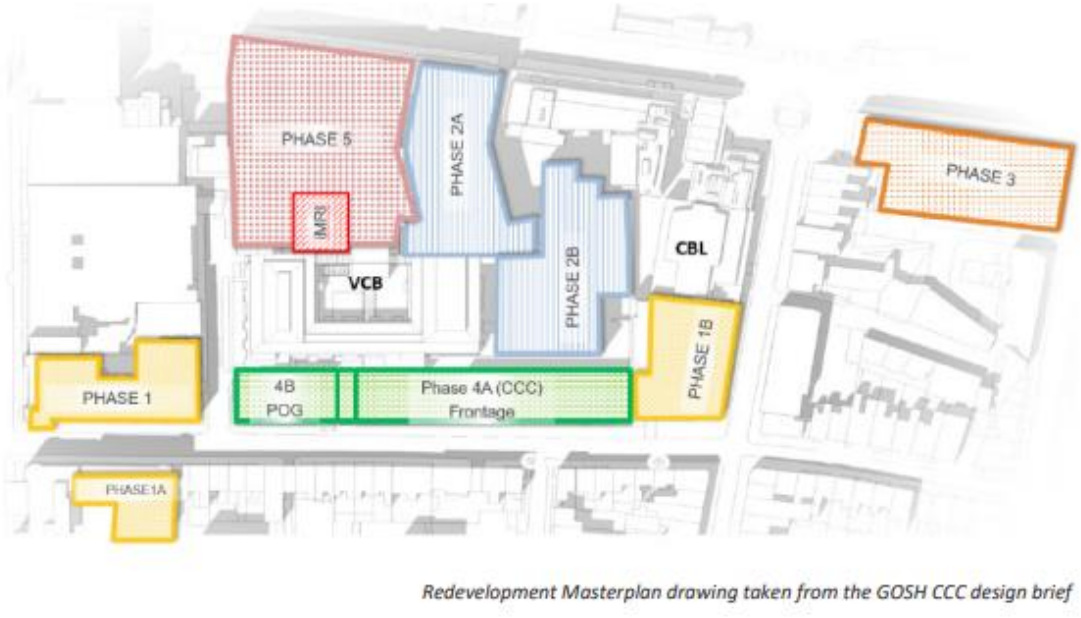

Figure 2: GOSH Masterplan (2015)

2.10 **Phase 1** (2004-2006) of the redevelopment programme saw a number of changes to the hospital campus:

- New accommodation for patients and families in Weston House, known as the Paul O'Gorman Patient Hotel, along with a staff education and training centre.
- The construction of the new Octav Botnar Wing, which provided a new Medical Daycare Centre, inpatient wards for international and private patients and two additional operating theatres.
- The refurbishment of the Royal London Hospital for Integrated Medicine, which is jointly occupied by GOSH, now houses the new Djanogly Outpatient department.
- The expansion of the UCL Institute of Child Health to create the Wolfson Centre for Gene Therapy of Childhood Disease, allowing research into new gene therapy methods and treatments.
- The Hugh and Catherine Stevenson Centre for Childhood Infectious Diseases and Immunology, bringing together world-renowned infectious disease and immunology teams to seek new treatments and cures for the benefit of children in the UK and across the world.

2.11 **Phase 2A** (2007-2012) saw the opening of the Morgan Stanley Clinical Building, which comprises a part of the Mittal Children's Medical Centre in June 2012. The new clinical building has allowed the hospital to:

- Increase its capacity in line with growing demand.
- Provide inpatient facilities that offer more space, privacy and comfort, where a parent or carer can stay overnight by a child's bedside.
- Provide additional operating theatre capacity and improve models of care for patients by co-locating clinical teams.
- Improve the working conditions for staff.
- Provide sustainable design and reduced energy consumption. In 2013/14, the efficient combined cooling, heating and power generator located on the top of the Morgan Stanley Clinical Building produced 43 per cent of the Trust's electricity needs and 73 per cent of the Trust's heat needs.
- Introduce creative features. Throughout the Morgan Stanley Clinical Building there are specially commissioned, high quality and innovative artworks and design features that aim to help families find their way, provide welcome distraction, and help to create a sense of community and connection.

2.12 **In Phase 2B** (2012-2014), GOSH officially opened the Mittal Children's Medical Centre, home to the brand new Premier Inn Clinical Building in January 2014. The Mittal Children's Medical Centre – comprising the Morgan Stanley Clinical Building and the Premier Inn

Clinical Building – has also increased the hospital's capacity, allowing expert staff to help even more seriously ill children every year.

2.13 In 2019 GOSH celebrated the **Phase 3** opening of The Zayed Centre (Ref: 2014/6068/P) for Research into Rare Disease in Children, and welcomed the first outpatients through its doors for treatment. The purpose-built Zayed Centre for Research brings together pioneering research and clinical care under one roof that will help to drive forward new treatments and cures for seriously ill children from across the UK and international patients. The new facility has been built on Guilford Street, next to Great Ormond Street Hospital and UCL Great Ormond Street Institute of Child Health in London.

2.14 A three-storey building has been completed at the Island Site within the Southwood Courtyard for a new iMRI suite and physiotherapy and rehabilitation facilities (Ref: 2017/3377/P).

2.15 Additionally, within the Island Site, a new Sight and Sound facility (for outpatients and day cases) within the refurbished Italian Hospital on the corner of Queen Square opened in June 2021.

2.16 GOSH is also working currently with LBC on plans for transport and public realm improvements along Great Ormond Street for the benefit of the local infrastructure, hospital users and servicing, residents and the neighbourhood.

Existing Frontage Building and Ageing Infrastructure

2.17 The current cancer accommodation and co-dependent facilities are outdated and, in many cases, not fit-for-purpose for a modern hospital and the new innovations coming on stream. They are also fragmented at a time when the lines between in, out, day and ambulatory care services are becoming increasingly blurred. GOSH currently accommodates cancer patients, predominantly day cases with some overnight stays, in their oldest accommodation. In addition, GOSH provides some of their most complex and sensitive services, oncology and neo-natal and paediatric intensive care, in facilities that will be 30 years old when the Children's Cancer Centre opens. The standard of accommodation does not meet best practice, and some of the sickest patients, undergoing chemotherapy, are treated in Safari Ward in the 1930's Southwood Building. The new GOSHCCC will co locate services in a nurturing environment and facilitate new models of care, improving clinical quality.

2.18 Importantly the proposed GOSHCCC will accommodate cancer treatment and care within one building benefiting from adjacencies and reduced travel time.

The GOSH Children's Cancer Centre (GOSHCCC)

2.19 The GOSHCCC will be a national and international resource for children with rare and difficult-to-treat cancers. The vision of the centre will be to improve outcomes for children through holistic, personalised and coordinated care, across the child's entire cancer journey. The centre will be the physical embodiment of this aspiration and will provide inspiring and flexible spaces that can respond to the rapidly changing nature of cancer care and the research landscape, facilitating accelerated adoption of new innovations and models of care.

2.20 There is no other place currently in the UK where the vision of the centre – to improve outcomes for children through holistic, personalised and coordinated care across the child's entire cancer journey – can be realised. This is for a number of reasons, including: the cohort of patients; the range of paediatric services including intensive care under one roof; the partnership with nearby UCL and UCLH, including the investment in proton beam therapy; the investment in cancer research and research infrastructure such as the Genomics Laboratory Hub hosted at GOSH; investment in digital technologies will soon make GOSH one of the most digitally advanced hospitals in the world, supporting GOSH's influence on national cancer committees and boards.

2.21 The new Children's Cancer Centre presents a truly exciting opportunity for the advancement of children's healthcare. It will put the child and the family at the forefront of new cancer treatment opportunities, ensuring the hospital is prepared for future changes in the diagnosis and treatment of cancer. It will provide an outstanding healthcare working environment that will encourage creativity and thinking and help to attract and retain talent, as well as enhancing the Applicant's ability to attract commercial, grant and other funding. The Children's Cancer Centre will enable the Applicant to work at an even faster pace to improve outcomes for children with rare and difficult-to-treat cancers.

3. Application Site and Surrounding Area

The Site

3.1 The majority of the site is currently occupied by the existing GOSH Frontage Building, a five storey building (inclusive of basement) dating from the 1950s that was constructed in two separate phases. The building is currently occupied by a number of GOSH departments including Audiology Department, Clinical Research Facility (CRF), Department of Child and Adolescent Mental Health and Paediatric Psychology Department.

3.2 The western most part of the site is occupied by the main GOSH Entrance providing connections to the wider GOSH island site and by a small rear element (external staircase) of the Paul O'Gorman Building that will be demolished to facilitate the proposed development.

3.3 The site occupies a largely rectangular site with an area of 0.31 hectares in size.

3.4 The site is bounded by the Paul O'Gorman Building to the west, Octav Botnar Wing to the east, the Variety Club Building and Premier Inn Clinical Building to the north and Great Ormond Street to the south.

3.5 The site falls within the following planning designations:

- Bloomsbury Conservation Area;
- Flood Risk Zone 1 (the lowest risk); and
- An area affected by three Designated Views identified in the LVMF as follows:
  - View 4 – London Panorama: Primrose Hill;
    - 4A.1 view to St Paul's Cathedral (falls within the Protected Vista); and
    - 4A.2 view to Palace of Westminster (falls outside the Protected Vista)
  - View 5: London Panorama: Greenwich Park (Greenwich Park: 5A); and
  - View 6: London Panorama: Blackheath Point (View 6A.1).

3.6 The site is highly accessible and benefits from a Public Transport Accessibility Level (PTAL) rating of 6b (where 6b is considered to provide the highest accessibility and 0 providing the lowest levels).

Surrounding Area

3.7 The immediate surrounding area comprises the wider Great Ormond Street hospital site to the north which is largely contained by Great Ormond Street, Lambs Conduit Street, Guilford Place, Guilford Street and Queen Square. This could be described as a 'campus' containing a range of buildings and spaces associated with a number of different medical institutions of which GOSH is the largest occupier. Within this 'campus', there is a strongly defined character of buildings of a range of dates, styles, materiality and quality. Many of these comprise large significantly scaled buildings with an institutional character, which distinguish them from the surrounding context, which is predominantly traditional and domestic in scale.

3.8 Within the wider Bloomsbury area, major institutions have historically and continue to occupy major sites in the area as illustrated within Figure 3 below:

Figure 3: Bloomsbury Institutions

3.9 The wider surrounding Bloomsbury area is very mixed in character with residential, office, retail and institutional uses. These mix of uses within buildings ranging from traditional townhouses to more contemporary buildings creates a wide range of interfaces with the different boundary conditions. This is not an unusual situation in Bloomsbury, where institutional uses and residential buildings are woven into the street pattern and built fabric, celebrating contrasts and changes in scale, character and materiality with the surrounding context.

3.10 The Design and Access Statement prepared by BDP includes a detailed analysis of the site and the wider surrounding context which includes a detailed Characterisation Study within an appendix of the statement that has informed the design.

Heritage and conservation

3.11 The site is located within the Bloomsbury Conservation Area and within the sub-areas of Queen Square / Red Lion Square. The Queen Square/Red Lion Square sub-area of the Conservation area is characterised by diverse architectural styles and a predomination of commercial buildings.

3.12 There are a number of heritage assets and listed buildings within the Bloomsbury Conservation Area that are within close proximity to the site.

3.13 To the north of the site, the listed buildings form a group that as individuals and together have high heritage significance. This group includes:

- Coram's Fields and Coram's Fields Playground Memorial Pavilion (Grade II);
- Coram's Fields Playground and former Foundling Hospital (Grade II); and
- 89 and 82 Guilford Street (Grade II); and various gates, railings and bollards (Grade II).

3.14 To the south of the site, the neighbouring Georgian townhouses on 41 to 61 Great Ormond Street and attached railings are Grade II listed.

3.15 To the west of the site, there are a number of listed structures that include:

- Statue of a Queen at north end of Queen Square Gardens (Grade II);
- Queens' Larder Public House (Grade II); and
- 9 Cosmo Place (Grade II).

3.16 Similarly, to the east of the site, there are numerous listed buildings including:

- Lamb Public House (Grade II); and
- 3 to 6 Lamb's Conduit Street and attached railings and lamp holders (Grade II).

3.17 Additional buildings closely adjacent to the site on Great Ormond Street and Lamb's Conduit Street within the Bloomsbury Conservation Area are considered to be assets of high significance.

Accessibility

3.18 In terms of public transport accessibility, the site has a PTAL Rating 6b (highest), with 0 representing the least accessible locations and 6b as an 'excellent' standard of accessibility. According to the TfL's online WEBCAT Tool this is expected to remain at this level based on a forecast for 2031.

3.19 The site is centrally located for access to sustainable modes of travel facilitating travel on foot, by cycle and by public transport across London while benefiting from connections by train across the UK. Given the long distances that many patients and families travel, it

is served well by three main line rail stations with the Underground network providing convenient connections to all major stations across central London. The site's PTAL rating of 6b demonstrates the site's ability for staff and patients to reach the site by non-car modes. The closest station, Russell Square Underground Station, is 500m north west from the site. The underground station is on the Piccadilly line between Holborn and King's Cross St Pancras. Train frequency is generally every 4-7 minutes between 6am and midnight in both directions and runs from Heathrow/Uxbridge to Cockfosters Station.

3.20 Three mainline rail stations are located around 1 km to the north of the site. Euston station is on the West Coast Main Line network, connecting London with Birmingham and Manchester, along with regional services to Milton Keynes, Watford and Northampton. Kings Cross station is on the East Coast Main Line network, connecting to Leeds, York and Newcastle along with regional services to Luton, Cambridge, Brighton and Bedford. St Pancras station provides connections across south east England and International Eurostar services to continental Europe along with services to East Midlands.

3.21 The closest bus stop to the site is 300m to the west on Southampton Row, covering a 5-minute walkable distance via Cosmo Place. The stop offers access to a range of bus services, offering several routes, including access to Euston station, Trafalgar Square and West Croydon. The closest stop in the alternate direction is a further 200m south. Both stops provide seating, shelter and timetable information. Further services can also be accessed at the stop 400m south of the site, with the stop in the alternate direction just a few metres apart on the opposite side of the road.

3.22 With respect to cycling, there are a large range of dedicated lanes and bicycle friendly roads within the vicinity of the site. Bicycle friendly roads connect to several stations near to the site, including Holborn underground to the south and Farringdon rail station to the south east, providing important connections to Central London and the Greater London area.

3.23 The Site is surrounded by the following adopted public highway network: Great Ormond Street, Guilford Street, Millman Street, Guilford Place and Millman Mews. The closest Transport for London Road Network (TLRN) also known as a red route network is Euston Road to the north and Gray's Inn Road to the east. These roads have stopping and parking restrictions in place.

3.24 Guilford Street is a single carriageway with on-street car parking on both sides of the road. A provision of some 5 motorcycle spaces is also provided on the southern side on the road. In addition to this, one disabled space is provided on the northern side. There are footways on both sides of the road and a zebra crossing in the vicinity of the junction with Guilford Place. Guilford Street is a cycle route marked with advisory cycle road markings. According to Camden's road hierarchy published in Network Management Plan, Guilford Street is classified as district link (main local distributor) and is defined as an emergency route.

3.25 Guilford Place / Lamb's Conduit Street forms a priority junction with Guilford Street, one way in and out to and from Guilford Street. Lamb's Conduit Street is similar to Guilford Street and is a single carriageway with footways on both sides and is classified as a district link (main local distributor) and emergency route. Lamb's Conduit Street has a double

yellow line on the western side and a single yellow line on the eastern side, which allows short stay for loading/unloading from local business.

3.26 Millman Street includes on-street car parking on both sides of the road. The road operates as two-way and is classified as a local road. The existing parking spaces in the immediate vicinity of the proposed development on Millman Street are resident permit holders only. A 23m long on street car parking bay is located on the south west side of Millman Street between the junction with Guilford Street and Millman Mews, which can accommodate 4 vehicles. One disabled parking space is allocated on the eastern side of the road.

3.27 Millman Mews is a cul-de-sac access road to and from Millman Court operating as a two way road.

4. Planning History

4.1 This planning application is part of the ambitious five-phase redevelopment programme that aims to rebuild two thirds of the GOSH hospital site over a 20-year period. The planning history for the previous and most relevant phases of redevelopment at GOSH includes:

- Phase 3: Zayed Centre for Research into Rare Disease in Children – Application Ref: **2014/6068/P** for the "*Erection of new hospital research building following the demolition of an existing computer facility."* At 20 Guilford Street London WC1N 1DZ. Permitted subject to a Section 106 Legal Agreement on 8 October 2014.

- Phase 2B: Premier Inn Clinical Building (previous Cardiac Wing) – Application Ref: **2007/4116/P** for the "*Demolition of nurses' home annex, Barrie Wing and Southwood A wing and redevelopment of demolished areas for new hospital clinical building and the partial demolition (top four storeys) and refurbishment of the cardiac wing and construction of an associated 7-storey extension. The provision of associated plant, additional cycle spaces, new outdoor open space and servicing areas."* At Great Ormond Street Hospital for Sick Children Great Ormond Street London WC1N 3JH. Permitted on 18 September 2007.

4.2 The site is subject to the following planning history:

- Application Ref: **PS9704032** for the *"Construction of a link between the frontage building and variety club building at third floor level, as shown on drawing Nos: X/L (67), 301,302,303,304."* Permitted on 22 January 1997.

4.3 Other relevant planning history for the wider GOSH site include the following:

- Application Ref: **2017/3377/P** for the "*Erection of a three storey building within the Southwood Courtyard to provide 998sq.m (GEA) of healthcare space (D1), including physiotherapy and rehabilitation facilities and an iMRI suite and operating theatre for use by Great Ormond Street Hospital. Works include a stair link at second floor level to the Southwood Building, a two storey link to the Variety Club Building, entrance ramps and stairs, a green roof, cycle parking, artificial lighting, plant equipment and associated works."* At Great Ormond Street Children's Hospital Great Ormond Street London WC1N 3JN. Permitted 13 June 2017.

- Application Ref: **PSX0105030** for the "*The erection of an additional storey to an existing four storey building which forms the west link of the main hospital building for hospital and ancillary hospital uses (Class C2), as shown on drawing numbers: GOSHR/001, 002, 003, 004, 005, 015, 016, 017, 018, 019, 020, 025, 026, 027, 028, 029, 030, 040, 050, Planning Report (Revision A), Details of Materials."* At Great Ormond Street Hospital for Sick Children Great Ormond Street London WC1N 3JH. Permitted on 29 August 2001.

- Application ref: **PSX0004609** for the *"Planning permission for the erection of new building comprising sub-basement, basement and five upper floors plus plant*

(Class C2) on the site of the Charles West building for clinical use by Gt Ormond Street Hospital, as shown on drawing numbers 1BP1010, 1BP2000, 1BP2100, 1BP2200, 1BP2300, 1BP2400, 1BP2500, 1BP2600(18/10/00), 1BP2700(18/10/00), 1BP2800(18/10/00), 1BP3000(21/11/00), 1BP3001(21/11/00), 1BP3010(21/11/00), 1BP3011(21/11/00) as amended by letter dated 30/11/00, 1BP3020, 1BP3021, 1BP3100, 1BP3060, 1BP3050, 1BP3040, 1BP4310(21/11/00), IBP4320 (21/ 11/00) and 1BP4330(21/11/00)." At Great Ormond Street Hospital for Sick Children Great Ormond Street London WC1N 3JH. Permitted on 24 November 2000.

- Application Ref: **PS9604259R1** for the "*Erection of a 3 storey extension to the Variety Club Building, as shown on drawings L(00)21 C, L(00)22 B, L(00)23 C, L(00)20 and L(00)02 B."* At Variety Club Building, Great Ormond Street Hospital, Great Ormond Street, WC1. Permitted on 6 February 1997.

5. Development Proposals

5.1 The Development Proposals seek to demolish the existing GOSH Frontage Building and minor parts of the Paul O'Gorman (mainly the rear external stair core), and replace with a new children's cancer centre with an integrated hospital site entrance. Minor internal layout changes are also proposed to the Paul O'Gorman as a result of the removal of the existing rear stair core.

5.2 The proposed GOSHCCC will abut and connect into the Paul O Gorman Building on the western border of the site, creating new linkages into the wider hospital site.

5.3 The proposed description of development is for:

5.4 *"Redevelopment of the Great Ormond Street Hospital (GOSH) Frontage Building comprising demolition of the existing building, and erection of a replacement 8 storey hospital building (Class C2 Use) together with 2 basement floors, roof top, balcony and ground floor landscaped amenity spaces, cycle storage, refuse storage and other ancillary and associated works pursuant to the development."* The new building will provide 18,288 sqm GIA of hospital floorspace (Class C2 Use) across 8 storeys above ground and 2 basement levels. The internal functions of the building are illustrated in Figure 4 below. At ground floor, a new entrance to the building and wider Hospital site is introduced together with space to accommodate a school, volunteer hub and a dispensary area. The floor immediately below ground level will accommodate the complex imaging and MRI and CT scanners. The first floor of the building will accommodate the theatre suites while the upper floors will accommodate critical care facilities, cancer day care and hospital wards. The lowest and uppermost levels accommodate plant which reduces the quantum of services within the building, enabling greater efficiency.

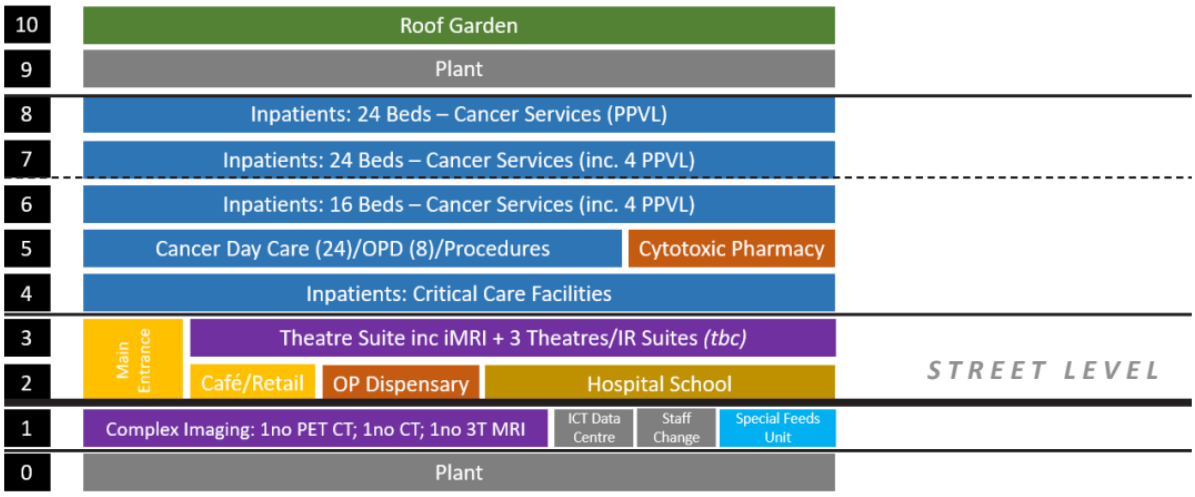

Figure 4: GOSHCCC Internal Accommodation

GOSHCCC Facilities

5.5 A floor-by-floor breakdown of the proposed new building's facilities is included below:

- Basement Level -2: Plant
- Basement Level -1: Complex Imaging, PET and MRI scanners, ICT Data Centre, Staff changing facilities and Special Feeds Unit
- Ground Floor: Main Entrance, Volunteer Hub, Pharmacy Dispensary, Hospital School
- Level 1: Theatre suites
- Level 2: Inpatients Critical Care Facilities
- Level 3: Cancer Day Care / OPD / Procedures, Cytotoxic Pharmacy
- Levels 4-6: Inpatients wards
- Level 7: Plant
- Level 8: Roof Garden Terrace

5.6 It should be noted that within the submission's DAS and Drawings, the floor levels are numbered upwards from the lowest Basement starting at Level 0, the Basement at Level 1, ground floor is Level 2, first floor is Level 3 and so on with the upper plant level at Level 9 and the roof terrace at Level 10. This is shown below at Figure 6.

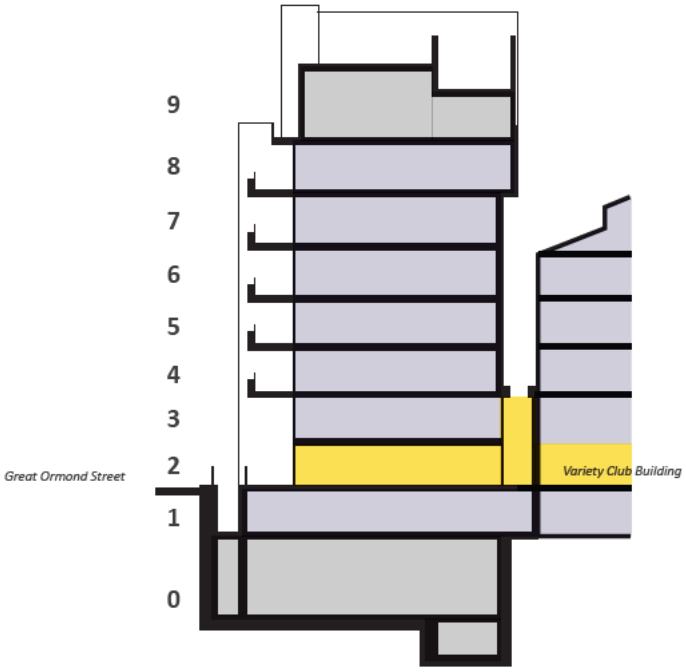

Figure 5: GOSHCCC floor level numbering

5.7 A series of chimneys which have been designed to reflect the surrounding vernacular have been incorporated into the design to facilitate the plant and flue requirements for the hospital.

5.8 An area schedule is provided below in Figure 6:

Use class/type of use	Existing Floorspace (sqm)		Proposed Floorspace (sqm)		Floorspace Uplift (sqm)	
	GIA	GEA	GIA	GEA	GIA	GEA
Hospital (C2 Use)	5,806	6,864	18,288	19,917	+12,482	+13,053
Total	5,806	6,864	18,288	19,917	+12,482	13,053

Figure 6: Existing and Proposed Areas

5.9 The proposed GOSHCCC will increase the quantum of hospital accommodation on the site by 62%. Although the quantum has increased significantly, the number of staff working on the site remains unchanged as does the patient numbers at the hospital. The GOSHCCC includes 3 levels of cancer inpatient wards including an increase in Bone Marrow Transplant BMT bedrooms, a floor of ICU and support space, additional theatre capacity, increased and updated imaging services and a new hospital school as well as garden space and associated plant.

5.10 The clinical design brief for the GOSHCCC details the required capacity and functions of the building. It has been informed by demand and capacity modelling together with analysis of emerging treatments and therapies. The brief describes the facilities required to deliver care to children in safe and appropriate environments and also takes account of the spaces and functions that are required in departments to support families and staff.

5.11 The ever-increasing complexity of treatments, new equipment and GOSH's ambition to improve the patient and family experience as well as staff health and wellbeing results in the requirement for larger rooms and spaces. The proposed hospital bedrooms are also larger. The GOSHCCC site provides the opportunity to enlarge the care environment and provide safer and more comfortable accommodation.

Outdoor Amenity

5.12 An accessible roof terrace with garden landscaping is proposed at roof level of the building for use by patients, staff and visitors. Lifts up to this level will enable access for patient beds and wheelchairs. The roof terrace will also accommodate low structures providing storage for roof garden and maintenance equipment. Research has established that access to outdoor amenity space aids faster patient recovery times.

5.13 Landscaped external amenity spaces will also be provided in the form of balconies on the Great Ormond Street facade for use by patients, staff and visitors. The balcony spaces have been designed to reflect the usage and arrangement at that floor and

therefore comprise an individual design approach. These are set out in detail within the landscape section of the Design and Access Statement.

5.14 The proposed amenity spaces comprise the following areas:

Floor	Quantum of Outdoor Amenity (sqm)
Roof top	960sqm
Ground floor	162sqm
First floor	94sqm
Second floor	150sqm
Third floor	53sqm
Fourth floor	150sqm
Fifth floor	115sqm
Sixth floor	115sqm
TOTAL	**1,799**

Parking provision

5.15 The existing Frontage Building and wider hospital site does not currently provide any on-site car parking. Dedicated spaces for staff use are provided in the nearby Bloomsbury Square NCP car park. The proposed GOSHCCC will not include an uplift in staff or patient numbers at the hospital. No changes are proposed as part of this planning application to the existing car parking arrangement in or around the hospital, including disabled parking.

5.16 GOSH currently provides planning policy compliant numbers of cycle parking stands for staff and visitors across the wider hospital site. On this basis, the Development Proposals will not be providing any new cycle parking spaces at the site or at the wider development site.

5.17 The proposed development will however require the relocation of 93 cycle spaces that currently sit within the footprint of the site. These 93 cycle parking spaces will be positioned around the wider GOSH site, primarily within the GOSH Morgan Stanley Building as indicated on a plan enclosed at Appendix 2 of the Transport Statement.

5.18 As part of this exercise to relocate cycle parking spaces from the existing frontage building, GOSH has been reviewing the provision of cycle spaces and their use within the wider hospital site. This has been informed by engagement with members of the GOSH staff Safe, Active and Sustainable Travel working group together with RSK, the project transport consultants. Outcomes of this engagement have included proposed changes to existing cycle parking spaces to ensure they are more accessible to staff and visitors, including automatic door opening when staff or visitors are pushing their bikes across the site and further enhancements including lighting etc.

5.19 The replacement spaces will be made available prior to demolition of the existing building to ensure there is no shortfall in cycle spaces during construction of the GOSHCCC.

Design

5.20 The Design and Access Statement sets out in detail the specific component parts of the GOSHCCC which has been informed by the GOSHCCC project brief prepared by the Trust. Importantly for a project that is increasing the size and scale of the development within this sensitive urban location, the project's architects BDP has undertaken an extensive and detailed contextual analysis which is set out within a Characterisation Study which forms an appendix of the Design and Access Statement. This analysis has informed the design development of the project so that the proposed GOSHCCC is characteristic and responds positively to the Bloomsbury Conservation Area and neighbouring listed buildings on Great Ormond Street.

GOSH Art Strategy

5.21 GOSH has an award-winning arts programme, 'GOSH Arts' which sits within the Trust's Space & Place Directorate. Central to the GOSH Masterplan is the ambition to deliver site responsive art that plays a key role in contributing to uplifting environments. Through the commissioning programme GOSH provides engaging, playful and thought provoking experiences for users of their buildings. The GOSH art strategy participatory programme inspires creativity and offers meaningful cultural opportunities across a variety of art forms for patients, families and staff. Refer to the following link: https://www.gosh.nhs.uk/parents-and-visitors/gosh-arts.

5.22 GOSH Arts has developed an Art Strategy that sets out an ambition for an art programme for the GOSHCCC to be delivered with the Art Group and colleagues across the Trust. Through creative responses to the physical environment as well as clinical and functional context, a programme of artworks and projects will be commissioned that appeal to and engage patients, families, visitors and staff and humanise the clinic environment. Working with the design team from this early stage ensures that the Art Strategy can be developed strategically and contribute to the wider design the project vision. We will work with a range of artists, designers and makers to explore ways of integrating artworks within the fabric of the building both internally and externally.

5.23 A key opportunity is the main entrance and public space. The new building offers a once-in-a-lifetime opportunity to transform the arrival experience for children and families attending Great Ormond Street Hospital. It provides a unique opportunity to create an identity and tell the story of GOSH past, present and future. This project is also a chance

to connect better and more deeply with our local communities. We will reach out to children and young people in the immediate locale through building on our existing relationships with schools, youth and community groups. Additionally we can use this time to form a comprehensive picture of what is on offer culturally in the borough and how we can harness this for the benefit of patients, families and staff in this next phase.

5.24 Sol Colero, a Berlin based Venezualan artist has been selected by the Art Group as the GOSHCCC artist on the back of her vibrant and tactile creations. She will be engaging with the project architects, BDP as part of the detailed design phase of the project. Initial considerations are that Sol Colero will take an active role in enhancing the arrival experience specifically the detailed design of the GOSHCCC entrance. Her work will extend to internal public areas and primary circulation routes as well as the roof garden.

5.25 A series of workshops have taken place with teachers and children from GOSH School and the GOSH Art Group have appointed Ling Tan and Usman Haque to work as artists in residence. The commission is hosted by GOSH school with an extended project working with St George the Martyr Church of England Primary School children who will be involved in co-designing artwork in relation to the temporary entrance and site hoarding.

5.26 Further artists will be commissioned to create artwork for the following areas:

- Inpatient areas in including bedrooms and social areas;
- Outpatient areas play and waiting areas;
- Theatre suite and clinical areas e.g. infusion rooms and bays;
- School and activity centre; and
- Staff and parent spaces.

Traffic Management

5.27 To provide for the long-term future of the operation of Great Ormond Street, LBC is developing options to reduce traffic flows along the frontage of GOSH. Consultation is ongoing and includes options for a permanent one-way order with alternatives that restrict all through movement except for emergency vehicles. These options do not form part of this planning application.

5.28 Similar one-way arrangements are proposed for the construction stage of the development to facilitate closure of half of the road to secure a compound for deliveries. Retention of these arrangements or alternative proposals post-completion will reduce the conflicts and congestion that frequently occur at either end of Great Ormond Street.

Wider Public Realm Improvements

5.29 The Applicant has long term ambitions to secure public realm improvements on Great Ormond Street and in 2021 commissioned LDA Design to undertake a 'Visioning' exercise to illustrate what these improvements could look like.

5.30 The visioning exercise is the first stage of a long-term programme and any future design works will take place during the construction programme of the GOSHCCC in consultation with LBC and local residents.

6. Pre-application Engagement

LPA Pre-application Engagement

6.1 LBC has been involved from the beginning of the project as an advisor to the contractor /design team evaluation panel at the design competition stage for the project where the SISK/ BDP scheme was chosen.

6.2 Following the appointment of SISK/BDP to the project, early pre-application engagement with LBC officers on the scheme first began back in 2019. Following a pause in the project due to the emergence of the Covid-19 Pandemic and revised project brief, pre-application engagement with officers resumed in March 2021. The Applicant entered into a Planning Performance Agreement (PPA) with the Council in order to engage with LBC in a proactive and meaningful way. A comprehensive series of online and in person meetings and workshops with LBC officers has taken place to discuss key planning, urban design, conservation, sustainability, highways and construction matters.

6.3 Working closely and collaboratively with officers has enabled the design of the scheme to evolve, optimising key LBC urban design, place making and sustainability principles, whilst also providing a state of the art hospital building to fulfil the patient care needs of the Trust and sensitively respond to its context within the Bloomsbury Conservation Area.

6.4 As the new frontage building for the wider GOSH hospital site, LBC officers share the Applicant's aspirations that the design of the building's façade, main entrance and public realm be attractive, engaging and inviting, particularly to its child visitors and patients, incorporating enlivening landscape elements. The Applicant's design team has therefore over the course of the pre-application process worked closely with officers to ensure the design delivers in these areas.

6.5 Throughout the pre-application process officers have been supportive of the principle of the proposed development and the proposed design and massing proposed to provide an iconic new building for the hospital to deliver world leading children's healthcare at the site.

Design Review Panel

6.6 In accordance with London Plan Policy D4 Delivering Good Design, the Applicant has met with Camden's full Design Review Panel, in this case three times. The first presentation to the Panel took place in 2019 and was largely the design competition scheme under an earlier project brief. The second presentation took place in November 2021 and formed part of the current pre-application process. A third presentation took place in March 2022 in order to present design development back to the Panel in response to their earlier comments from November 2021. The November 2021 and March 2022 presentations to the Panel were well received and the Panel was supportive of the principle of the development, the height, massing and general design direction.

6.7 Specifically, in the second DRP, the Panel advised that further design refinement was needed to the building's front façade, main entrance and public realm. They were

supportive of the proposals to green the building via the balcony bays and roof terrace but wanted to see further landscaping detail of these areas.

6.8 The third DRP presentation focused on the proposed landscaping at roof level, balconies and ground floor together with design development on the façade and the main front entrance. Again, the proposed development was well received and further comments have been addressed which are set out in detail within the design development section of the Design and Access Statement.

The GLA

6.9 The Applicant met with the GLA in December 2021. Officers were supportive of the Proposals, including the height of the development which was considered to be appropriate for the site, subject to further place making design improvements to give the entrance more prominence and design adjustments to the front façade. These comments have since been addressed and are illustrated within the Design and Access Statement. TfL was supportive of the transport elements of the proposed development.

Local Political Engagement

6.10 The Applicant presented the Development Proposals to LB Camden Councillors and Ward Councillors at the Council's Development Management Forum that was held in January 2022.

6.11 The Applicant has subsequently engaged with local Councillors at the Planning Consultation Group (PCG) engagement meetings (described below in more detail).

6.12 Councillors were supportive of the scheme's aspirations to deliver substantial healthcare improvements at the site and the enhancement of specialised children's cancer care services at the world-renowned Great Ormond Street Hospital within the borough. Specific comments were made on the proposed logistics arrangements to enable the demolition and construction activities to take place and whether more could be done to mitigate the effects of the development on surrounding residents. Comments were expressed about the height of the development and why it was not possible to deliver Phase 5 of the GOSH Masterplan first instead of Phase 4, which might enable direct access to Great Ormond Street from Guilford Street. These comments have been addressed within the submission and further below in this document.

6.13 The Demolition and Construction Management Plan, prepared by SISK goes into detail on the proposed logistical arrangements that will be put into place and SISK has proactively engaged with LBC at meetings in December 2021, March 2022 and a site visit in April 2022. The height and scale of the proposed GOSHCCC has been justified during pre-application engagement with LBC and both the DRP and GLA have confirmed that the height and massing of the scheme is appropriate within its context. The phasing of Phases 4 and 5 are specifically addressed under a sub-heading below.

Public Consultation

6.14 The Trust and SISK have undertaken public engagement with a range of GOSH stakeholders including the Young Persons Forum, local and borough residents, past and present hospital staff, patients and visitors.

6.15 GOSH has a long history of engagement with local residents on the phased redevelopment of the wider hospital site through a longstanding Residents Liaison Committee. This committee is also used as a forum for residents to voice ongoing concerns related to the operation of the wider hospital site.

6.16 Local resident engagement on the redevelopment of the Frontage Building (Phase 4) was first undertaken in early 2014 and most recently on 27 October 2020. The justification of the phasing of Phase 4 and Phase 5 was presented in October 2019. The Residents Liaison Committee did not operate during the period of Covid-19. Subsequently a Public Consultation Group (PCG) was established for residents in 2020 to engage with engage specifically with those residents who would be most effected by the GOSHCCC.

6.17 A more detailed review of the engagement is set out within the Statement of Community Engagement, prepared by Turley which is submitted in support of the planning application.

6.18 Comments received from residents during the PCG engagement propose can largely be distilled into 10 key comments. These are tabularised below and the Applicants response to the comments are provided. The Statement of Community Involvement prepared by Turley provides greater detail on the resident engagement process.

Theme	Summary of comments	Applicant's response
Principle of development		
	There was support for the principle of development.	The team notes the support.
Logistics and construction		
Traffic and road safety	Respondents expressed concern about the impact of construction traffic on road safety, particularly for local school children and patients. It was questioned whether bollards could be installed on the pavement south of Great Ormond Street. One respondent stated that the proposed one-way system would	A Demolition and Construction Management Plan has been produced to demonstrate how construction will be undertaken in a safe manner. Considerable thought has gone into how the impact of the construction can be reduced as far as possible. Site hoarding will be installed along Great Ormond Street which will act as a barrier between the construction work and the rest of the street. The one-way system proposed on Great Ormond Street is necessary due to the space required to facilitate construction. GOSH is developing detailed proposals to

	delay emergency vehicles accessing nearby hospitals including the National Hospital for Neurology and Neurosurgery and the Royal London Hospital for Integrated Medicine. It was also asked whether the one-way system would remain in place following the completion of the construction.	safely manage hospital logistics throughout the construction period. In terms of the future use of Great Ormond Street, this falls outside of the remit of this application.
Parking	The temporary removal of parking bays to the south of Great Ormond Street and Boswell Street was questioned as was the number of resident parking spaces that would be lost during the various construction phases. One respondent suggested suspending parking along Boswell Street for the duration of the construction period. It was suggested that double yellow lines be installed to the north of Lambs Conduit Street.	Construction vehicles leaving the site will make their way onto Boswell Street. There are likely to be some suspension of car parking spaces and changes to current parking space layouts, but it is not yet clear how many. With regard to Lambs Conduit Street, double yellow lines are already in place on this road.
Vehicular Access	Respondents suggested that construction traffic access should access the site from Guilford Street or Lamb's Conduit Street as opposed to Great Ormond Street. Others suggested that traffic should access the hospital via Powis Place for the long-term for the benefit of local residents and children. It was questioned whether the proposed contraflow access route from Boswell Street via Theobalds Road would cause traffic issues.	There is no route from Guilford Street to Great Ormond Street through the wider Hospital site. Introducing a route linking into Powis Place would cause significant disruption to the running of the hospital in particular: • The loss of significant clinical space that is required for the hospital's clinical services to function effectively. This includes inpatient beds, consulting rooms, treatment rooms and a vital fire escape route. • The Guilford Street service yard services both GOSH and the National Hospital for Neurology and Neurosurgery (NHNN) in Queen Square and there is no alternative location for the multiple logistics flows that come through this space. These logistics flows include delivery of all clinical supplies and removal of waste. • The Vacuum Insulated Evaporator (VIE) plant adjacent to the service yard services both GOSH and NHNN. The VIE plant is life-critical infrastructure that stores and distributes mains oxygen and medical air supplies to both hospitals. Access to the plant is required 24 hours/day for

		deliveries by BOC and there is no alternative location available. • Disruption to several services because of a 3.6m height difference between Powis Place and the service yard, which would lead to a significant incline. • Functional NHNN clinical spaces under Powis Place and the fragility of the road surface would lead to a weight limit that construction traffic would exceed. • NHNN MRI scanners under Powis Place would be sensitive to vibrations on the road above. • Ambulance parking in Powis Place would need to be relocated, impacting not only GOSH but also NHNN, which shares Powis Place for ambulance drop-off. We understand how important this is to residents and have undertaken site tours for those that have raised it as a concern, to demonstrate the difficulty of servicing the site in this way. We would remain open to hosting further tours if requested.
Temporary entrance	One respondent questioned the impact the temporary entrance on Powis Place would have on emergency routes for Great Ormond Street Hospital and nearby hospitals. It was suggested that the safety of patients would be affected as a result. It was suggested that a safe route for pedestrians should be created to avoid conflict with emergency vehicle access.	During the construction process the main entrance will be closed with site hoarding. A temporary access will be located at Powis Place. The Demolition and Construction Management Plan, which has been submitted as part of the planning application, demonstrates how Great Ormond Street can safely accommodate the traffic. The introduction of temporary crossing measures are being considered. GOSH has been engaging with the adjacent University College London to ensure their entrance can operate successfully.
Smoking shelter	One respondent asked whether a smoking shelter could be included within the compound hoarding to deter smoking on the street.	We understand the ongoing issue regarding staff and patients' families smoking off site due to NHS England regulations, however it continues to be not possible to include a smoking shelter anywhere on the GOSH site including the GOSHCCC.
Deliveries	It was questioned how construction would affect refuse collections and deliveries	It is not anticipated that the construction would affect refuge collections and deliveries.
Noise and air pollution	Respondents were concerned about noise pollution during construction which would affect surrounding occupiers.	GOSH understands the need to mitigate impacts from construction for their neighbours, and the process will be carefully managed throughout to ensure as little disruption to the local community as possible. A full noise impact assessment in accordance with regulatory requirements has already been undertaken, and the

		following measures will be implemented to minimise disruption from demolition and construction: • Management and operational controls • Monitoring of noise and dust levels undertaken prior to and throughout work, with measures taken to address any issues • Air quality management to limit the emissions of air pollution. GOSH will be engaging with neighbours throughout the construction period and residents will have a direct point of contact in the construction team to raise any queries or concerns.
Design		
Scale	The building height was considered excessive for its location.	The project has been informed by demand and capacity modelling, together with the analysis of emerging treatments and therapies, in order to provide space to meet current and future needs and continue to provide safe and comfortable care. The scale of the scheme has been carefully considered throughout the design process, including its location on Great Ormond Street and any impact on neighbouring properties. The overall scale has been discussed with and considered appropriate by the Council's Design Review Panel, the GLA, and planning and design officers at LBC.
Daylight and sunlight	It was questioned whether the proposed building would reduce the daylight in the single aspect, north facing rooms of properties on the south of Great Ormond Street. One respondent suggested that the daylight and sunlight assessment should include on site surveys rather than just a desktop assessment.	The existing Frontage building is generally much lower than the more modern buildings across the wider Great Ormond Street Hospital estate. The height of the proposed development is more in keeping with those across the wider estate and other taller buildings in the locality, which inevitably pose a higher degree of obstruction. In that context, coupled with the proximity of residential neighbouring properties to the site, it is to be expected that some alterations in daylight occur which fall short of the default criteria suggested in the BRE Guidelines. Retained levels of light post development are expected to be broadly commensurate with comparable street typologies. The BRE Guidelines state that its numerical guidelines should be interpreted flexibly because natural lighting is only one of many factors in site layout design. They should be applied sensitively to higher density developments, especially in opportunity areas, large important sites, and accessible locations.

		In response to the feedback at the PCG, the consultant team made contact with local residents who made the comments regarding surveys and with their agreement, undertook daylight surveys at their property. The results of this onsite surveying have been considered as part of the Daylight and Sunlight Assessment which has been submitted as part of the planning application.
Uses: School and café/retail space	respondents requested that the proposed school and/or retail and café unit be removed. It was questioned whether the retail/café unit would take custom away from Lambs Conduit Street.	The café/retail space was initially proposed to provide access to facilities where visitors and patients can undertake normal activities, like having a drink in a café or buying convenience items, allows families facing an incredibly difficult time to stay at the hospital close to their child. These facilities would also provide a safe environment for some of the most vulnerable patients, who are unable to visit public amenities due to the severity of their illness. GOSH is keen to balance the needs of the children who will be cared for in the GOSHCCC and the Trust's neighbours, including local business and is consulting directly with this group at the same time as it is reviewing the size of the spaces to make sure they are complementary to the wider area. Following further engagement with the PCG and review of the proposed café/retail space, this facility has been replaced in the submission with a volunteer hub. The school is critical for the continuation of children's education during extensive and often long periods of treatment and it needs to be built on the island site so inpatients can attend
Planning		
Masterplan	One respondent stated that GOSH did not consult widely enough when developing the masterplan. Confirmation was sought on when the next phase of the masterplan was due to come forward.	The long-term objective of the masterplan is to have a fully redeveloped main site, providing the best care to as many children as possible, with another entrance on Guilford Street. The phased approach is to all the Trust to redevelop buildings which are no longer fit for modern clinical purposes whilst maintaining as much care as possible.
Public Realm	It was questioned whether plans for the public realm on Great Ormond Street could be incorporated into the application.	The Trust has long-held ambitions to deliver major improvement works to Great Ormond Street itself and the need for this has become even more apparent during the design process for the GOSHCCC. Rather than tie the

		two together though, the Trust sees both as ends in themselves that should be delivered irrespective of the other. The intent is that both would coincide. In the meantime, short term works are proposed by LBC which seek to integrate solutions which will better regulate the traffic along Great Ormond Street.
Landscaping		
Garden spaces	It was asked how GOSH planned to maintain the garden spaces in the long run and whether they would be accessible to patients and their families.	The aspiration is to provide as much outside space as possible for long stay and unwell patients to provide the best quality of life. The approach to maintenance will be developed during the detailed design process but will be critical to ensuring the intent can be delivered.
Delivery		
Funding	One respondent questioned whether GOSH had sufficient funding to complete the project and whether the plans would be scaled back due to cost constraints.	There are no plans to reduce the quality of the build and the Trust is continually assessing affordability of the scheme and programme.
Completion date	One respondent asked when the new building would be open to patients.	Subject to planning permission, construction is anticipated to be complete by the end of 2026. A 3-4 month period of Trust operational commissioning will then be undertaken to ensure the building is ready for occupation and clinical use and it is anticipated that the building will be open to patients in early 2027.
Consultation		
Future consultation	One respondent asked whether there would be future opportunities to be consulted on the process and whether digital events would be included.	The applicant will continue to engage with local residents throughout the determination and construction period. This will include the Planning Consultation Group (PCG) meetings which have been established for those purposes. These will either be held in person or virtually. A Project Liaison Manager will be appointed to act as the main point of contact relating to the construction. A 24-hour hotline will be available and quarterly newsletters will be delivered to residents and neighbours.

Figure 7: Key PCG Resident Comments and Applicant Response

GOSH Masterplan Phases 4 and 5

6.19 A repeating theme of resident engagement at the Resident Liaison Group and Planning Consultation Group (PCG) has been a request to swap the proposed phasing of the GOSH Masterplan which is set out in Figure 8 below. The key point being that this could create a direct route through the GOSH wider hospital site from Guilford Street to Great Ormond Street.

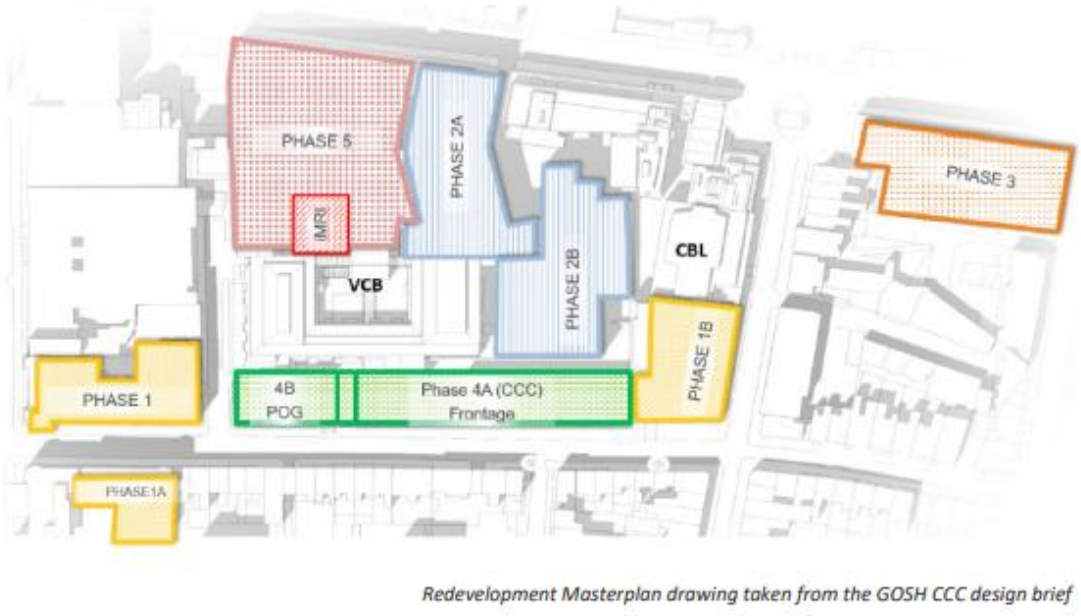

Figure 8: Proposed GOSH Masterplan

6.20 The proposed Masterplan prepared by BDP in 2015 looked forensically at ways in which the GOSH wider hospital site could be developed to respond to new methods of medicine in a phased manner taking into account existing hospital usage, building age, decant strategy and floorspace growth potential.

6.21 The findings of this approach has been shared to residents and key reasons why Phase 4 comes before Phase 5.

6.22 The Frontage Building is in the greatest need of redevelopment and can provide GOSH with the necessary space required to treat children and young people. The building will become the new 'front door' for GOSH and an architectural expression of its guiding principle: 'The Child First and Always'.

6.23 Delivering the redevelopment of the Frontage Building in Phase 4 rather than Phase 5 allows for:

- The **greatest development potential** - the current building is inefficient in terms of scale and massing and does not connect well with the rest of the GOSH wider hospital site.
- **Better connections with the core clinical departments** in other buildings.

- **Minimal disruption to patient-facing clinical services** because the services in the Frontage Building are more straightforward to decant to other locations than those in Southwood or Main Nurses Home (MNH) which will require up to 3 separate decant stages.
- **Greater usable clinical space** due to the possibility of building wider and taller than the current building.
- **Delivery of a new main entrance** for the whole hospital, addressing the poor visibility and **creating an improved arrival experience** for patients and their families. A more welcoming and visible main entrance are key requirements in the GOSH design brief for Phase 4.

7. Project Benefits

7.1 The Proposed Development will deliver a comprehensive range of public, clinical and health benefits. Key benefits include:

Health Benefits

7.2 Delivering the next phase of the Great Ormond Street Hospital Masterplan which seeks to upgrade existing hospital treatment facilities to enable the hospital to continue providing industry leading, world class healthcare to children.

7.3 Delivery of a new building with updated facilities better able to meet the modern workplace and hospital use needs of staff, patients and visitors. This will attract high calibre employees and improve staff retention, which overall provides a health benefit to hospital users.

7.4 Additional floorspace at the site will enable the provision of a wider range of healthcare services for the public.

7.5 Much needed additional space improvements for patient wards and facilities will improve the quality of the hospital environment, including the delivery of new high quality external and internal amenity spaces for patient use. These amenity improvements will positively impact the health and wellbeing of patients, visitors and staff.

7.6 The creation of a new PET CT service within the CCC will bring a number of benefits to the organisation and patients. PET CT can be used for advanced diagnostics in oncology, neurology, endocrinology and cardiology and potentially infectious diseases and rheumatology.

7.7 At present to precisely locate tumours and define the damaged areas around it frequently takes a few clinical images across different modalities, which means multiple scans and anaesthetics for patients across the GOSH wider hospital site. The PET CT located within the basement of the GOSHCCC will make it easier to enable medical image analysis with simultaneously acquired and automatically registered double-modality images. This will streamline early cancer detection and accurate staging as well as providing enough data to effectively monitor treatment response. This will all be undertaken within the one building.

Clinical Benefits

7.8 One of the most significant benefits of the GOSHCCC is the modernisation and co-localisation of the Oncology services. At present much of the oncology services at GOSH are not fit-for-purpose for a modern hospital looking to innovate and provide state of the art care. They are also split over two buildings at opposite ends of the GOSH wider hospital site. The hospital's cancer outpatients and day care unit is located in very poor accommodation in the 1930's Southwood Building within the Safari Ward and Level 9 while the inpatient wards are split across Levels 5 and 6 of the 1980's Variety Club Building. The standard of accommodation does not meet best practice.

7.9 The new GOSHCCC will co-locate services in a nurturing environment and facilitate new models of care, improving clinical quality and reducing clinical risk and discomfort through the entire care pathway as well as enabling rapid access in emergencies.

7.10 The GOSHCCC will facilitate the transition to an ambulatory model of cancer care which sees children receive chemotherapy sessions and supportive care delivered in a day care area with accommodation provided in a nearby hotel rather than an inpatient bed on a ward. This will be delivered through a purpose-built day care area to deliver ambulatory care which could enable new and more complex therapies to be delivered in this setting as well as freeing up capacity within the inpatient wards. Co-located with the day care service will be a newly created cytotoxic pharmacy service supplying the chemotherapy drugs for the unit. This model is a move in line with world leading cancer care practice.

7.11 Research states that increased volume of work produces better clinical outcomes thus by increasing GOSH's cancer provision it is hoped to see an improvement in mortality and morbidity rates in the children the GOSHCCC treats as well as increasing their quality of life. The improved infrastructure will support the development of models of care that provide a safer environment and patients will have more timely access to the care they crucially need.

7.12 The GOSHCCC will provide an environment that is in line with best practice infection prevention standards, designed and built to enable cleaning of a high standard so will work to reduce infection rates and the all-single rooms with en-suite bathrooms will be better ventilated by new state of the art air handling units.

7.13 The GOSHCCC will enable GOSH staff to work at an even faster pace to improve outcomes for children with rare and difficult-to-treat cancers.

Improved support services and other benefits

7.14 A true comprehensive cancer centre requires co-location of other hospital services and facilities to enable the effective delivery of cancer care. The GOSHCCC will see the creation of new, upgraded theatre and additional imaging facilities which will improve the patient pathway and access to care.

7.15 The Intensive Care Unit's (ICUs) have been pushed to their limit in responding to the Covid-19 pandemic over the past couple of years. This has only increased the need to improve and expand this service at GOSH. The GOSHCCC offers significant improvements to current ICU provision and to the rest and wellbeing areas for staff and parents of children on the ward. New staff rest and family waiting room will be created which has direct access onto the landscaped balconies.

7.16 The state-of-the-art patient bedrooms improve patient privacy and dignity as well as include vastly improved overnight stay provision for parents/carers by their child's bedside. Play and breakout areas designed according to the age of the patient will allow patients and young people to recuperate in an area suitable for their age.

7.17 Access to outdoor play space, within the balconies and roof gardens will be used by patients, families and staff at Great Ormond Street offering a facility which currently doesn't exist on the GOSH wider hospital site. Having access to outdoor space is proved

to reduce patients' length of stay in hospital and create a far more therapeutic care environment.

7.18 The creation of a purpose-built world class oncology facility will attract new research opportunities into the Trust and facilitate the delivery of the GOSH Strategic ambition to strengthen its position as a leading global children's research hospital in which research is embedded within GOSH's care. The additional capacity within wards will enable more research and clinical trials to be completed that at present is not possible due to wards being close to capacity.

7.19 The GOSHCCC will see many significant benefits for staff, a number of whom at present work across a myriad of wards spread throughout the GOSH wider hospital site and spend a significant proportion of their time transiting between wards to visit patients. The colocation of services within one building with strong vertical transportation will create a meaningful efficiency for staff. The allure of working in a state of the art facility will help with recruitment and retention and improvements to lighting, acoustics, enhanced rest and change areas as well as access to garden space will vastly improve the staff experience.

7.20 A new hospital school and activity centre will be developed at street level which will create a much-improved facility from the present provision located within the Southwood Building which is not split by age group so has pupils of all ages learning in one large classroom. The new school with age-appropriate classrooms will enable patients to maintain their education whilst in hospital and demonstrates the value placed on education as part of their development.

7.21 The GOSHCCC will also provide a new front entrance for the organisation on the street after which it is named. It will create an appropriate, confident and outward physical representation of GOSH's value, brand and place in the world.

Public Benefits

7.22 A replacement hospital building fronting Great Ormond Street of high quality design that positively contributes to the street scene and the Bloomsbury Conservation Area.

7.23 Provision of high quality publically accessible outdoor amenity space with opportunities for enhanced greening and biodiversity improvements for the site.

7.24 A significantly improved hospital main entrance providing a prominent gateway into the wider hospital site.

7.25 Improved experience of public realm along Great Ormond Street through the introduction of a better design façade and more active hospital frontage.

7.26 A highly efficient and sustainable building that proposes passive design measures to reduce energy demand including:

- High performance building fabric with low U-values within the NHS net zero guidance range.

- Low design air permeability.
- Percentage glazing optimised, following the NHS net zero and LETI recommendations.
- External shading provided through balconies and windows recess, mitigating solar gains.
- Energy efficient mechanical and electrical services have been designed into the scheme including low energy light fittings, high efficiency ventilation systems with heat recovery.

7.27 GOSH is keen to maximise the public and societal benefits of the GOSHCCC. The proposed development will generate increased economic benefit to local businesses and GOSH will seek to maximise the benefits to Camden during construction.

7.28 GOSH takes seriously the social value of any project to provide additional social, economic and environmental benefits by providing employment training opportunities; helping in promoting cohesive communities through engagement and efforts in reducing carbon emissions and improving air quality through the public realm and landscape initiatives.

7.29 Early work has commenced on how GOSH can meaningfully link in with Camden secondary schools to promote the construction apprentice schemes that will be offered during construction, specifically targeting local school leavers and understanding how the hospital can leverage their expert corporate partners to benefit local schools i.e. student architectural design competitions, career day educational presentations.

8. Planning Policy Context

Development Plan

8.1 Section 38(6) of the Planning and Compulsory Purchase Act 2004 requires planning applications to be determined in accordance with the Development Plan, unless material considerations indicate otherwise. Specifically, Section 38(6) states:

> 'If regard is to be had to the development plan for the purpose of any determination to be made under the Planning Acts the determination must be made in accordance with the plan unless material considerations indicate otherwise.'

8.2 The current adopted Development Plan for the LB Camden comprises of the following planning policy documents:

- The London Plan (adopted 2021);
- Camden Local Plan (adopted 2017); and
- Camden Policies Map (updated 2021).

Other Material Considerations

8.3 At the national level material considerations comprise:

- The National Planning Policy Framework (NPPF) (updated July 2021);
- National Design Guide (2019); and
- National Planning Practice Guidance (NPPG) (2021).

8.4 Other policy documents that are material to the consideration and determination of this planning application include Supplementary Planning Guidance (SPGs) and Documents (SPD's) prepared by the Greater London Authority (GLA) and LB Camden.

Site Planning Policy Designations

8.5 The site falls under the following local plan spatial policy designation, as illustrated below on the LB Camden proposals map (2021):

- Bloomsbury Conservation Area (The Queen Square/Red Lion Square sub-area);
- Holborn Intensification Area (HCG5g – GOSH Masterplan);
- Central Activities Zone;
- Archaeological Priority Zone; and
- Primrose Hill Viewing Corridor.

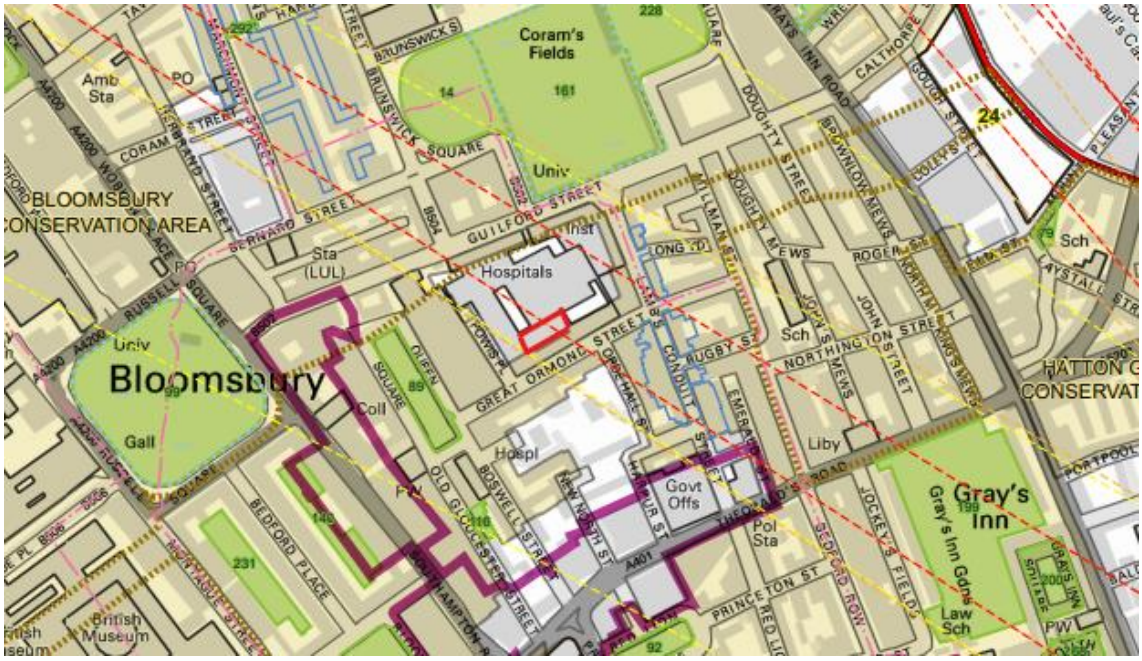

Figure 9: Extract from LB Camden's Policies Map (2021) (Approx. site boundary in red added by Turley)

Approach to the Proposed Development

8.6 The following chapters of this Planning Statement assess planning policies and material considerations appropriate to the given topic; with the final chapter being a planning balance exercise that ties everything together. The approach to the assessment of the Proposed Development and the weight to be given to development plan policies and material considerations is as follows.

8.7 The London Plan ('LP') policies considered to be relevant to the Proposed Development and are assessed in the following Chapters are:

- LP Policy GG1 Building and inclusive communities
- LP Policy GG2 Making the best use of land
- LP Policy GG3 Creating a healthy city
- LP Policy SD4 The Central Activities Zone (CAZ)
- LP Policy D3 Optimising site capacity through the design-led approach
- LP Policy D4 Delivering good design
- LP Policy D5 Inclusive design
- LP Policy D8 Public realm
- LP Policy D12 Fire safety
- LP Policy D13 Agent of Change
- LP Policy D14 Noise
- LP Policy S2 Health and social care facilities
- LP Policy HC1 Heritage conservation and growth
- LP Policy HC3 Strategic and Local Views
- LP Policy HC4 London View Management Framework
- LP Policy G1 Green infrastructure
- LP Policy G5 Urban greening
- LP Policy SI1 Improving air quality

- LP Policy SI2 Minimising greenhouse gas emissions
- LP Policy SI3 Energy infrastructure
- LP Policy SI4 Managing heat risk
- LP Policy SI7 Reducing waste and supporting the circular economy
- LP Policy SI13 Sustainable drainage
- LP Policy T2 Healthy streets
- LP PolicyT4 Assessing and mitigating transport impacts
- LP Policy T5 Cycling
- LP Policy T6.5 Non-residential disabled persons parking

8.8 The Local Plan Policies that are considered to be relevant and which are assessed in the following Chapters are:

- Local Plan Policy A3 Biodiversity
- Local Plan Policy G1 Delivery and location of growth
- Local Plan Policy C1 Health and wellbeing
- Local Plan Policy C2 Community facilities
- Local Plan Policy C5 Safety and security
- Local Plan Policy C6 Access for all
- Local Plan Policy E1 Economic development
- Local Plan Policy E2 Employment premises and sites
- Local Plan Policy A1 Managing the impact of development
- Local Plan Policy A4 Noise and vibration
- Local Plan Policy D1 Design
- Local Plan Policy D2 Heritage
- Local Plan Policy CC1 Climate change mitigation
- Local Plan Policy CC2 Adaptation to climate change
- Local Plan Policy CC4 Air quality
- Local Plan Policy CC5 Waste
- Local Plan Policy T1 Prioritising walking, cycling and public transport
- Local Plan Policy T2 Parking and car-free development
- Local Plan Policy T3 Transport infrastructure

9. Planning Assessment

9.1 This section of the Planning Statement provides an assessment of the relevant planning considerations against the adopted Development Plan and relevant material considerations, particularly focused on the principle of redevelopment for social and healthcare uses, heritage consideration, the proposed design and landscaping, approach to transport, urban greening and sustainability considerations.

Principles of Redevelopment for Healthcare Uses

9.2 Local Plan Policy C1 Health and wellbeing protects existing health facilities in line with Policy C2 Community facilities (Part E), and supports the provision of new or improved health facilities, in line with Camden's Clinical Commissioning Group and NHS England requirements (Part D). London Plan Policy S2 Health and social care supports the provision of high-quality new and enhanced health and social care facilities to meet identified need and new models of care. The Development Proposals accord with these policies in that they seek to re-provide the existing hospital floorspace within an improved hospital building at the Site. It provides additional hospital floorspace at the Site in order to deliver new and improved healthcare facilities required to meet the identified future healthcare needs of the hospital.

Heritage and Conservation Area Consideration

9.3 Local Plan Policy D2 Heritage states that 'the Council will preserve and, where appropriate, enhance Camden's rich and diverse heritage assets and their settings, including conservation areas.'

9.4 LP Policy HC1 Heritage conservation and growth requires development proposals affecting heritage assets and their settings to conserve the significance of the heritage asset by being sympathetic to the assets' significance and appreciation within their surroundings. It states that 'the cumulative impacts of incremental change from development on heritage assets and their settings should also be actively managed' and that 'development proposals should avoid harm and identify enhancement opportunities by integrating heritage considerations early on in the design process.'

9.5 The Site is located within the Bloomsbury Conservation Area. The existing frontage building is neither statutorily listed nor an unlisted building of merit and is not identified in the conservation area appraisal as making a positive contribution to the Bloomsbury Conservation Area. Conservation Areas heritage considerations have been at the forefront of design development of the proposals from the earliest stages of the project, with the design substantially influenced by findings from the conservation area character study that was undertaken by the Applicant. Influenced by this study the design takes strong architectural cues from the surrounding residential townhouses and adjacent unlisted building of merit, the Paul O Gorman building. Whilst also reflecting the emerging scale and prominence of the newer hospital buildings on the GOSH island site. The new building has been sensitively designed to complement and enhance the conservation area.

Townscape

9.6 A Heritage Townscape and Visual Impact Assessment (HTVIA) has been prepared by Turley to assess the proposed GOSHCCC in relation to its wider townscape setting. The HTVIA has been prepared on the basis of a thorough study of the site and its built heritage, townscape and visual context, and, through understanding and appreciating these features and resources, a robust impact appraisal of the proposals has been undertaken. Specifically the HTVIA has been undertaken based on site survey and analysis. The assessment included:

- A review of relevant policy and guidance.
- Identified of the baseline quality and characteristics of the local townscape character and local views and identification of key visual receptors and representative viewpoints.
- Assessment of the impact of the proposed development on townscape character and views.

9.7 The Site is located within a varied townscape which has a mix of different uses and diversity in the age, form, scale and architectural character of existing buildings and building groups and spaces. This reflects the complex and dynamic pattern of development and redevelopment of this part of the city over time. Within Bloomsbury, the identified TCAs are similar to, but not the same as, the sub-areas identified in the Bloomsbury Conservation Area Appraisal and Management Strategy. For the purposes of the townscape character assessment, four local TCAs have been identified with potential to be affected by the proposed development. These are:

- TCA01 – Great Ormond Street 'Campus'.
- TCA02 – Early Eighteenth Century Bloomsbury.
- TCA03 – Tybald's Estate.
- TCA04 – Queen Square.

9.8 The baseline assessment also identified the key views and visual receptors in the area. A Zone of Theoretical Visibility (ZTV) was produced to understand where in the surrounding townscape the proposed development and Site was likely to be visible. This consideration of visibility was used to identify key visual receptors and key views with potential to be affected by the proposed development and to inform the selection of representative views. Key visual receptors include pedestrians and road users in the streets near to the Site (Great Ormond Street, Orde Hall Street), open space users in Queen Square, and residents in the streets around the Site (Great Ormond Street, Orde Hall Street and Tybald's Estate). 8 representative viewpoints were identified to reflect these receptors and an assessment made of the character and quality of the existing view from these viewpoints. The representative viewpoints and visualisation types to be provided were agreed in discussion with officers at LBC.

9.9 The proposed development would be a major new element in the local townscape, due to its increased height compared with the existing building but would sit within the established structure of the townscape. The materiality and architectural detailing of the proposed development has been based on a thorough understanding of the townscape context and responds to the character and identity of the local area. In particular, the proposed development reflects characteristics of the domestic character of the area through the choice of façade materials, and arrangement of building facades to articulate and arrange elevations. The proposed development is considered to integrate well with the height, scale and massing of the existing townscape of the hospital complex and introduce new activity and vibrancy to the area. The new building would maintain a strong building edge to the street. The articulated roof line and roof garden would contribute to the limited number of long-distance views, and the introduction of new public realm at ground would contribute to the street scene along Great Ormond Street.

9.10 The proposed development would result in generally beneficial or neutral effects on townscape character due to the character of the new built form reflecting the character of the defined structure of the townscape and the enhancements to urban greening and public realm.

9.11 In overall terms, the proposed development is considered to lead to the following residual, permanent type of effect and magnitude of change on the relevant visual receptors:

- Great Ormond Street – pedestrians and road users: Varying from Beneficial effects of Medium magnitude to Neutral effects of Low magnitude.
- Great Ormond Street – residents: Neutral effects, varying from Medium to Low magnitude.
- Orde Hall Street – pedestrians and road users: Neutral effects of Medium magnitude.
- Orde Hall Street – residents: Neutral effects, varying from Low to Negligible magnitude.
- Tybald's Estate – residents: Neutral effects of Low magnitude.
- Public square south of Queen Square – open space users: Neutral effects, varying from Low to Negligible magnitude.

9.12 In summary, the effects on townscape and visual receptors would be beneficial or neutral and would comply with planning policy objectives identified in the Development Plan.

Design, Layout and Appearance

9.13 GOSH is a world-renowned leading children's healthcare provider, and the GOSHCCC development presents an opportunity to give greater expression to GOSH's identity along its principal frontage. Today, it is widely accepted that the main entrance is hard

to find and the clinical buildings along Great Ormond Street give little or no sense of what goes on within them. The overall impression is anonymous and far from the welcoming and child-centred image with which GOSH is associated in people's minds.

9.14 The Development Proposals carefully address these design issues, providing an attractive and exciting new frontage building in accordance with Local Plan Policy D1 Design to 'integrate well with the surrounding streets and open spaces, improving movement through the site and wider area with direct, accessible and easily recognisable routes' (part f). The Development Proposal now 'contribute positively to the street frontage' (part f), 'incorporate outdoor amenity space (part l) and improve the character and quality of the area and the way it functions.

9.15 LP Policy D3 Optimising site capacity through the design-led approach requires all development to make the best use of land by following a design led approach that optimises the capacity of sites. The Development Proposals work hard to efficiently use the site's footprint and relationship to adjacent dense buildings on the hospital island site to optimise the capacity of deliverable additional healthcare floorspace to the client's clinical brief, whilst still providing attractive architectural and landscaping features that complement the conservation area. The Townscape Assessment of the site's key views shows that the frontage building will mainly be seen obliquely, which reduces the impact of its increased height on the surroundings.

9.16 The Development Proposals are considered to comply with Local Plan policy D1 Design in that they respect local context and character (part a), preserve or enhance the historic environment and heritage assets in accordance with Policy D2 Heritage (part b), comprises details and materials that are of high quality and complement the local character (part e) and promotes health (part h).

9.17 The careful design of the Level 9 plant level and characterful chimneys serves to carefully integrate building services equipment into the aesthetic character design of the building in accordance with part o of Local Plan policy D1.

9.18 LP Policy D3 also states that 'higher density developments should generally be promoted in locations that are well connected to jobs, services, infrastructure and amenities by public transport.' The development site has the highest possible PTAL rating so is suitable for the proposed higher density development. Increased density at the site is also supported by its designation within the Holborn Intensification Area (HCG5g – GOSH Masterplan).

9.19 Whilst the site is located within an area affected by three LVMF Designated Views, the Development Proposals are careful to not materially infringe upon and preserve these strategic views in accordance with the LVMF and Local Plan Policy D1 part m. Further details on these strategic this are provided in the supporting TVIA.

9.20 Key to its functioning as a world class children's hospital, inclusive and accessible design is at the heart of the Development Proposals to ensure compliance with part g of Local Plan Policy D1 and LP Policy D5 Inclusive design.

Landscaping and Public Realm

9.21 London Plan Policy G5 Urban greening 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.' Local Plan Policy D1 part k seeks for development to incorporate high quality landscape design (including public art, where appropriate) and maximise opportunities for greening, for example through planting of trees and other soft landscaping. Part l of Local Plan Policy D1 seeks for development to incorporate outdoor amenity.

9.22 In accordance with these policies, the Development Proposals provide new high quality outdoor amenity spaces with landscaping and greenery at roof terrace level and on the balcony bays.

9.23 The Development Proposals strongly accord with LP Policy D8 Public realm, enhancing existing public realm and creating new areas of well-designed, safe, accessible, inclusive and attractive public realm that relates to the local and historic context, and is easy to understand, service and maintain. In accordance with part d of Policy D8, the public realm proposals have been based on a keen understanding of how the public realm at the site functions and is used by hospital staff, patients and victors.

9.24 Local Plan Policy A3 Biodiversity Part m seeks to secure additional trees and vegetation wherever possible at development sites. The Proposed Development complies with this policy by providing a significant increase in biodiversity at the site through the provision of new landscaping and greening at roof terrace level, on the balconies and in pockets at ground level.

9.25 The Development Proposals also satisfy parts k and l of the policy to replace existing trees that need to be removed to facilitate demolition and construction works. The trees will either be replaced with the existing trees or with new trees.

9.26 For more details on the landscaping and public realm, please see the enclosed landscaping strategy and DAS by BDP.

Biodiversity

9.27 Local Plan Policy A3 Biodiversity states that the Council will:

- *"(f) seek to improve opportunities to experience nature, in particular where such opportunities are lacking;*
- *(j) resist the loss of trees and vegetation of significant amenity, historic, cultural or ecological value including proposals which may threaten the continued wellbeing of such trees and vegetation;*
- *(k) require trees and vegetation which are to be retained to be satisfactorily protected during the demolition and construction phase of development in line with BS5837:2012 'Trees in relation to Design, Demolition and Construction' and positively integrated as part of the site layout;*

- (l). *expect replacement trees or vegetation to be provided where the loss of significant trees or vegetation or harm to the wellbeing of these trees and vegetation has been justified in the context of the proposed development;*

- *(m). expect developments to incorporate additional trees and vegetation wherever possible.*

9.28 Introducing and optimising greenery at the Site for patients and visitors to enjoy has been a key development objective for the scheme. The proposed greening of the balcony bays and roof terrace garden provide significant enhanced opportunities to introduce nature to the site in accordance with Parts f and m of Policy A3, achieving an Urban Greening Factor of 0.33, which is particularly good for a hospital building

9.29 Overall, though the proposals will lead to the temporary loss of 13 urban trees, a small area of ornamental shrub (0.002ha) and buildings, they will ultimately increase the provision to 41 urban trees (including the 13 replacement trees), increased ornamental shrub (0.076ha), modified grassland (0.010ha) and native planters (0.003ha). The Proposals will also include plans for the creation of one new native hedgerow (0.03km) on level 10 of the building. The Proposals are therefore expected to result in a net habitat unit change of 0.49 habitat units, which represents a 196.09% net gain and a net linear unit change of 0.07 hedgerow units, which represents a 100.00% biodiversity net gain. Please see the Preliminary Ecology Appraisal and Biodiversity Net Gain prepared by ADAS for further details.

9.30 The temporary removal of the 13 trees from the highway on Great Ormond Street is required to facilitate the construction. This requirement is detailed in the Construction Logistics Plan submitted with the application. To retain and protect the existing trees, the removed trees will be maintained off site during construction and then replanted back on site once the building works are completed. If the replanted trees fail, they will be replaced with like for like species. This complies with parts (i), (k) and (l) of the policy.

Fire Strategy

9.31 The Proposals comply with the design requirements of London Plan Policy D12 Fire Safety to incorporate appropriate features which will reduce the risk to life and the risk of serious injury in the event of a fire, support the construction of the building in an appropriate way to minimise the risk of fire spread. Also in accordance with the policy, the submitted Fire Statement includes a detailed evacuation strategy for the building and details on site access for the fire brigade and rescue services.

9.32 Given the Development Proposals are for a hospital, it is crucial that the building provide safe and dignified emergency evacuation for all building users in accordance with Part 5 of London Plan Policy D5 Inclusive Design. The policy requires all developments where lifts are installed, to have at least one lift per core as a fire evacuation lift, suitably sized to enable the evacuation of people who require level access from the building. Further details of how the Development Proposals comply with this inclusive design requirement are provided within the Fire Statement submitted in support of this application.

Transport

Vehicle Parking

9.33 London Plan Policy T6 states that:

> "*Car parking should be restricted in line with levels of existing and future public transport accessibility and connectivity."*
>
> And
>
> *"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, with developments elsewhere designed to provide the minimum necessary parking ('car-lite')."*

9.34 Local Plan Policy T2 Parking and car-free development also supports car free development. The existing hospital does not currently provide any on-site car parking and the development Site is very well connected, with the highest PTAL rating. Accordingly, and in compliance with LP Policy T2 Healthy streets to promote reduced car journeys and Local Plan Policy T1 to prioritise walking and public transport, the Proposed Development will continue to be car free, including disabled parking.

Cycle Parking

9.35 GOSH also provides a large number of cycle parking stands for staff and visitors across the hospital site. The proposed development will displace 93 long stay cycle spaces that currently sit within the footprint of the new building. In the short-term, it is proposed to relocate 88 of these spaces to the Morgan Stanley Clinical Building (MSCB) in the heart of the hospital, close to the main lockers and showers.

9.36 Cycle parking beat surveys were undertaken over a period of six weekdays in Autumn 2021. This involved observations of utilisation in the mornings (between 08:00 and 10:00) and afternoons (14:00). The surveys established the average demand for cycle parking which for the staff (long-stay) parking occupancy was 57%.

9.37 Further observations were undertaken during a site visit in January 2022 between 12:30 and 13:30 with an observed occupancy for long-stay parking during winter at around 43%. The use of different types of provision was also noted and it was found that those provided at ground level – i.e. Sheffield stands and the lower tiers of two-tier racks were most well-utilised.

9.38 Cycle parking requirements, as set out in the London Plan, require 1 long-stay space per 5 staff plus 1 short-stay space per 30 staff for hospitals. For the current staff of 4,962, taking into account that the site operates 24/7 and therefore only 20% of staff are on site on any given shift, the cycle parking requirement would be for 198 long-stay and 33 short-stay spaces.

9.39 With the loss of 93 spaces in the VCB (56 Sheffield spaces and 37 semi-vertical spaces) the remaining long-stay spaces (206) are broadly comparable to the requirement of 198

spaces for the whole hospital site under the local parking standards. This provision would likely accommodate the existing demand for staff cycle parking as observed through the beat surveys as well as the reported level of cycling within the staff travel survey.

9.40 Notwithstanding this, given that the VCB cycle parking is a large and well-utilised provision, the proposals will relocate the vast majority of these spaces prior to the commencement of construction of the GOSHCCC.

9.41 The proposals comprise the removal of underutilised semi-vertical stands and standard two-tier racks within the MSCB, retaining 10 of the semi-vertical spaces. New two-tier racks will be introduced which will provide 80 spaces with a gas strut mechanism to the top troughs and a further 80 spaces to the lower tier via 40 Sheffield Stands. A further three Sheffield stands will accommodate six more bicycles resulting in a net increase of 30 Sheffield stand spaces over the existing VCB provision, as detailed in Appendix 2 of the Transport Statement.

9.42 To support the relocation of spaces, a suite of measures will be put in place to ensure the spaces at the MSCB are used to their full potential and is a positive experience for staff. This will include:

- Assessment of and any required improvements to lighting quality within the MSCB cycle parking area;
- Ingress/egress assessment and necessary improvements including the automation of doors to aid accessibility;
- Plan for pigeon deterrent and associated cleaning within cycle parking area;
- Plan for improvements to the general amenity of the cycle parking area, such as notice board, paint, planters/hanging garden;
- A communications plan covering access, route, and how to safely use the two tier racks, encouraging the use of higher racks; and
- Permanent waymarking signage.

9.43 To supplement the net loss of five spaces from the relocation of 88 of the 93 VCB parking spaces, a further five spaces will be provided at the Premier Inn Clinical Building, adjacent to the service yard, as shown in Appendix 2 of the Transport Statement. These will accommodate larger bikes such as cargo bikes and trikes to encourage more inclusive cycling and the take up of cycling by those that use a larger cycle. The handrail in this area will be reduced in order to improve access for users of these bikes.

9.44 A further improvement will be made to the cycle parking access at Barclay House: Following the recent replacement of the decking in this area, the existing padlock will be removed and replaced with ID access control to enable ease of use.

9.45 The total number of spaces provided at GOSH will accommodate the existing demand for cycle parking and continues to provide in excess of the required cycle parking for staff, allowing for growth during construction of the GOSHCCC. Furthermore, The Trust

is continuing to develop and extend cycle parking to meet the needs of the staff and whilst not part of this application, investigations are being made for a scheme to accommodate future growth in cycling, following the completion of the CCC.

Amenity Impacts

9.46 Policy A1 Managing the impact of development seeks to protect the quality of life of occupiers and neighbours from the impacts of development, this includes impacts to amenity across the following areas.

Daylight/Sunlight

9.47 The NPPF expects local authorities to take a flexible approach to the application of daylight and sunlight guidance given the need to intensify development of land for development. Policy D6 of the London Plan requires new development to provide 'sufficient daylight and sunlight to new and surrounding housing that is appropriate for its context'. At the local level LBC seeks the protection of residential amenity within the Local Plan at Policy A1 'Managing the impact of development' and within Supplementary Guidance contained within the Camden Planning Guidance (Amenity) 2021 and (Design) 2021. Within Planning Guidance 'Amenity' at paragraph 3.1 it is noted that "*The Council aims to protect the quality of life of occupiers and neighbours through Local Plan policy A1 Managing the Impact of Development, which seeks to ensure that development does not cause unacceptable harm to amenity, including in terms of daylight and sunlight."*

9.48 Importantly the Planning Guidance at paragraph 3.14 highlights that *"The Council notes the intentions of the BRE document is to provide advice to developers and decision makers and therefore it should be regarded as a guide rather than policy"* and that *"While we support the aims of the BRE methodology for assessing sunlight and daylight we will consider the outcomes of the assessments flexibility where appropriate, taking into account site specific circumstances and context."*

9.49 The Local Plan notes in general there are significant numbers of health institutions in Camden and that these contribute to the local and national economy by supporting enterprise, innovation and providing world class facilities. Throughout the pre-application engagement on the GOSHCCC, LBC acknowledge that in order for these institutions to meet changing standards and requirements and sustain their leading edge, there is often an ongoing need to update and modernise facilities and it is important this is realised in a way which balances the impact on neighbouring residential amenity.

9.50 The site is located within the Holborn Intensification Area as set out in the London Plan. In urban locations such as this, with higher densities, it can be anticipated that reductions of daylight and sunlight beyond the BRE Guidelines as a result of redevelopments, including the proposed CCC, are considered likely.

9.51 A Daylight and Sunlight Assessment has been prepared by Avison Young to support the planning application submission. In terms of sunlight, all the relevant properties have north-west facing windows, are not orientated within ninety degrees due south and therefore are not considered relevant for assessment. On the basis of the sites location within a Central London urban area, Avison Young notes that in terms of daylight the

BRE guidelines suggest that it may not be appropriate to apply the general guidance to all development locations but set alternative target values based on the locality and proposed density of the proposed site. It is therefore considered appropriate to consider alternative target values based on the density of the local area.

9.52 To establish a reasonable alternative target value for daylight (VSC) Avison Young has considered the levels of daylight to three residential buildings on the immediate streets in the local area, the locations of which have been numbered in Figure 4 within the Daylight and Sunlight Assessment, to understand the levels of VSC they currently enjoy. Avison Young has chosen these three properties as they are each understood to be of residential use fronting onto the street and positioned opposite a larger building. The three properties/streets are:

- Site 1 - Bevan House, Boswell Street, WC1N 3BT
- Site 2 – Selwyn House, Guilford Street, WC1N 1DJ
- Site 3 – Russell Court, Woburn Place, London WC1H 0NL

9.53 An analysis of the above sites has demonstrated that these properties retain a VSC of circa 10% at ground and first floor levels which is reflective of the urban environment in which they sit, similar to the application site.

9.54 The proposed development will bring about a change to the massing of the site. This will result in changes to the availability of daylight received within surrounding residential buildings. Avison Young has tested the effects of the proposed GOSHCCC on 30 buildings along Great Ormond Street, Powis Place and Lamb's Conduit Street which have the potential to be affected by the proposed development. The results confirm that the proposed development does not fully comply with the BRE numerical recommendations. Eight of the buildings tested fully comply with the BRE Guidance. Some of the 22 neighbouring properties which are affected comprise design features, such as basement or small windows which limit the available daylight and sunlight and can therefore cause relative reductions in light to be amplified.

9.55 In terms of the 22 properties that experience a loss of daylight, the Daylight and Sunlight Assessment sets out the losses in terms of VSC, NSL and ADF and notes that although the losses in cases are significant, that should not alter how the properties are currently used.

9.56 The BRE guide itself explains that the BRE numerical targets should be interpreted flexibly, since natural lighting is only one of many factors in site layout design. Furthermore, planning policy as set out in the NPPF and London Plan requires decision-makers to apply the guidance flexibly in recognition that an overly rigid approach would sterilise development at locations such as the proposed site, and prevent development being delivered in urban locations.

9.57 The key question for the application of planning policy is whether the living accommodation of surrounding residential occupiers will continue to be acceptable or adequate following development. The proposed development is considered to present an acceptable scale of development endorsed by the DRP and GLA and presents

substantial public benefits. When this is assessed together with the findings of the submitted Daylight and Sunlight Report and the approach to the BRE guidance mandated nationally and in the Development Plan, the proposed development is considered acceptable.

Noise

9.58 Local Plan Policy A4 Noise and vibration seeks to ensure that noise and vibration from new development is controlled and managed to acceptable maximum noise levels. The Proposals have therefore been developed to have regard to LB Camden's Noise and Vibration Thresholds.

9.59 The Acoustic Assessment prepared by RSKA submitted in support of this application, assesses plant noise criteria and limits for the Proposals with regard to acceptable plant noise impacts on the nearest noise sensitive receptors, which are residential uses and adjacent hospital rooms.

9.60 BDP Acoustics has provided RSKA with a document that provides a summary of the 3D acoustic noise modelling process that has been undertaken for the Proposals. The RSKA Acoustic Assessment review of the BDP Acoustics document finds that the proposed plant strategy should be acceptable in meeting the noise levels identified in its report. As such the Development Proposals comply with Local Plan Policy A4.

9.61 Please see the enclosed Acoustic Assessment for further details.

Air Quality

9.62 Through Local Plan Policy CC4 Air quality the Council will "take into account the impact of air quality when assessing development proposals, through the consideration of both the exposure of occupants to air pollution and the effect of the development on air quality." The policy requires Air Quality Assessments to be submitted with applications where "development is likely to expose residents to high levels of air pollution". The policy resists development that would cause harm to air quality, unless measures are proposed/adopted to mitigate the impact. Similarly, developments that introduce sensitive receptors in locations of poor air quality will not be acceptable unless designed to mitigate the impact. Development Proposals should also consider actions identified in the Council's Air Quality Action Plan.

9.63 The Air Quality Assessment for the proposals, undertaken by RSK assessment uses detailed dispersion modelling software ADMS-Roads to quantify the effects of ambient air quality (with the development in place) on future site users and of additional road traffic attributable to the development on air quality at existing discrete receptor locations. Based on the findings of the dispersion modelling, the proposed development is not expected to introduce receptors into an area where air quality may be poor and would have an insignificant effect on local air quality. However, the report recommends mitigation measures to reduce any residual effects from the development on air quality and the impact of ambient air quality on future site users. The reports concludes that following the implementation of an appropriate selection of mitigation measures the residual effects from the scheme will have been acceptably reduced.

9.64 An air quality assessment of the potential air quality impacts associated with the proposed backup generators proposed as part of the Proposals has also been undertaken by RSK with reference to existing air quality in the area and relevant planning policy and guidance.

9.65 A detailed dispersion modelling assessment has been undertaken to assess NO2, CO, and PM10 emissions from the operation of the backup generators at locations associated with openable windows, air intakes and discrete human receptor points on the proposed roof terrace of the GOSHCCC and neighbouring buildings.

9.66 Concentrations of NO2, PM10 and CO were predicted at the most relevant receptor locations using ADMS 5. The air quality impacts of the backup generators on existing and proposed receptors have been assessed. The predicted PM10 and CO concentrations at all assessed receptors would not exceed the relevant air quality standards. The annual mean NO2 is not predicted to exceed the relevant air quality standards at any receptor points.

9.67 The 97.45 percentile hourly mean NO2 concentration is predicted to exceed the air quality objective across parts of the roof garden. However, the roof garden will be closed during the operation of the backup generators, estimated as 108 hours per year. Therefore, no receptors will be present at the roof garden, meaning there is no relevant exposure across the area predicted to cause exceedance of the 97.35 percentile hourly NO2 air quality objective.

9.68 Based on the results of the assessment, it is judged that the operation of the backup generators at GOSHCCC complies with local planning policies and that there are no air quality constraints. Overall findings of the Air Quality Assessments find that the development is not expected to introduce receptors into an area where air quality may be poor and the proposed development and will have an insignificant effect on local air quality. On this basis the Proposed Development is compliant with Policy CC4.

9.69 Policy CC4 also requires development that involves significant demolition, construction or earthworks to assess the risk of dust and emissions impacts in an Air Quality Assessment and include appropriate mitigation measures to be secured in a Construction Management Plan. This assessment of dust and emissions impacts and accompanying recommended mitigation measures is duly submitted within the Air Quality Assessment prepared for this application.

9.70 The Air quality Assessment finds that Demolition and construction phase air quality impacts may have the potential to occur, due to emissions from vehicles and plant associated with construction related activities, and the generation of dust and PM emissions during the period of construction. The risk of dust impacts was assessed in accordance with the IAQM 2014 guidance and was predicted to be a maximum of 'medium risk' during the construction phase. Mitigation measures have been recommended to reduce the risk of dust and PM being generated and re- suspended, and of construction related traffic and plant. If appropriate mitigation is implemented, the residual impact of construction phase air quality impacts is considered likely to be 'not significant'.

Energy and Sustainability

9.71 Local Plan Policy CC1 Climate change mitigation supports development that seeks to minimise the effects of climate change and encourages all developments to meet the highest feasible environmental standards that are financially viable during construction and occupation. The Policy:

- *"(a) promote[s] zero carbon development and require[s] all development to reduce carbon dioxide emissions through following the steps in the energy hierarchy.*
- *(b) Require[s] all major development to demonstrate how London Plan targets for carbon dioxide emissions have been met;*
- *(e) Require[s] all proposals that involve substantial demolition to demonstrate that it is not possible to retain and improve the existing building; and*
- *(f) expect[s] all developments to optimise resource efficiency"*

9.72 The policy also supports decentralised energy by:

- *"(g) working with local organisations and developers to implement decentralised energy networks in the parts of Camden most likely to support them*
- *(h) protecting existing decentralised energy networks*
- *(i) requiring all major developments to assess the feasibility of connecting to an existing decentralised energy network, or where this is not possible establishing a new network."*

9.73 The Energy Statement prepared by BDP sets out full details of how the development reduces carbon dioxide emissions through following the steps in the energy hierarchy.

9.74 The proposed passive design and energy efficiency measures will reduce the emissions by approximatively 11% (SAP10) against an equivalent Building Regulations compliant building. This reduction is equivalent to 62.7 tonnes of CO2 (Be Lean).

9.75 To address the London Plan Policy SI3, Energy Infrastructure the heat hierarchy (Be Clean) has been followed and connection to the existing site heat network prioritised to provide hot water to the development. There is insufficient capacity to provide primary heating and cooling from the existing site network and its reliance on fossil fuel is penalised by the SAP10 carbon factors.

9.76 All available renewable energy technologies have been considered (Be Green). Air source heat pumps are the most feasible technology within the site constraints. The proposed heat pumps will provide 100% of the heating and cooling load, and will deliver a further 2% reduction in carbon dioxide emissions, resulting in a total carbon emissions reduction of 75.8 tonnes of CO2, which is equivalent to a 13% reduction in carbon dioxide across the whole development (SAP10).

9.77 The 100% carbon emissions reduction is not achievable on site due to the following:

- Stringent requirements of a world-leading hospital, on an existing tightly constrained urban site;
- Requirements for high auxiliary ventilation;
- Hot water loads; and
- The prioritisation of the heat hierarchy to address London Plan Policy SI 3 and Camden Local Plan CC1 (i) by connecting to an existing site network.

9.78 An in-lieu cash contribution has been calculated using the GLA carbon emissions reporting spreadsheet.

9.79 On this basis the proposals comply with parts (a), (b), (g) (h) and (i) of Local Plan Policy CC1.

9.80 In accordance with part (e) of Local Plan Policy CC1 a Demolition & Refurbishment Statement Feasibility Statement is submitted with the application to demonstrate that the existing frontage building in its current state or even if refurbished, meets neither modern clinical nor current environmental standards and is therefore not possible to be retained and improved.

9.81 The clinical areas of the existing building are of a very poor quality and in many areas, do not meet modern space or regulatory standards nor the increased level of clinical demand and capacity for the proposed new cancer care facility. The restrictive structure and low ceiling heights make it unfeasible to use the Frontage Building for acute inpatient care or to install modern diagnostic equipment, making it completely unsuitable, even with significant reconfiguration, for critical services such as children's cancer. The office accommodation is inefficient in terms of occupancy and the whole building is inefficient in terms of energy performance.

9.82 The surveyed costs of repairs and improvements that would be needed to bring the building up to a satisfactory standard is estimated at £15.6m and would not improve the functional suitability of the space, which would remain poor. On this basis, it is not considered feasible to retain and improve the existing building in order to meet current and future standards of clinical care, office accommodation and healthcare capacity demand. The Proposals to redevelop the site are therefore in accordance with planning policy.

9.83 In accordance with part (f) of Local Plan Policy CC1 and London Plan Policy SI 7 Reducing waste and supporting the circular economy, the Circular Economy Statement submitted with the application demonstrates that the Proposals have been designed to optimise resource efficiency, conservation, waste reduction, increases in material re-use and recycling and reductions in waste.

9.84 Local Plan Policy CC2 Adapting to climate change requires development to be resilient to climate change by

- *"a. the protection of existing green spaces and promoting new appropriate green infrastructure;*

- *b. not increasing, and wherever possible reducing, surface water runoff through increasing permeable surfaces and use of Sustainable Drainage Systems;*

- *c. incorporating bio-diverse roofs, combination green and blue roofs and green walls where appropriate; and*

- *d. measures to reduce the impact of urban and dwelling overheating, including application of the cooling hierarchy."*

9.85 The Policy seeks to promote and measure sustainable design and construction by:

- *"(e) ensuring development schemes demonstrate how adaptation measures and sustainable development principles have been incorporated into the design and proposed implementation;*

- *(h) expecting non-domestic developments of 500 sqm of floorspace or above to achieve "excellent" in BREEAM assessments and encouraging zero carbon in new development from 2019."*

9.86 The Development Proposals promote new green infrastructure at the site and related SUDS in accordance with Parts (a) and (B) of Policy CC2.

9.87 In accordance with Part (e) of Policy CC2, details of how the Proposed Development incorporates climate adaptation measures and sustainable development principles are provided within the Sustainability Statement for the application produced by BDP.

9.88 In accordance with London Plan Policy SI2 Minimising greenhouse gas emissions and Part (h) of Local Plan Policy CC2 Adaptation to climate change, the Proposed Development will be assessed against the BREEAM New Construction 2018 methodology, with a target rating of 'Excellent'. A BREEAM pre-assessment has been completed and is enclosed demonstrating the scheme achieving a score of 84%, translating to an 'Excellent' rating.

10. Planning Obligations

10.1 Local Plan policy DM1 – Delivery and monitoring supports the use of planning conditions and contributions to:

- support sustainable development;
- secure the infrastructure, facilities, and services to meet the needs generated by development; and
- mitigate the impact of development.

10.2 The Camden Planning Guidance for Developer Contributions SPG was adopted in March 2019 (The Developer Contributions SPD). It provides information on procedural matters related to developer contributions and how planning obligations in LB Camden operate alongside the Community Infrastructure Levy. It is an additional material consideration in planning decisions. Any proposed conditions or planning obligations should accord with this SPD.

10.3 The Proposed Heads of Terms for a Section 106 Agreement for the Proposals cover:

- Car free development
- Construction Management Plan
- Delivery and Servicing Management Plan
- Drop off and parking management plan
- Highways contribution (related to repair of damaged highway following demo/construction)
- Travel Plan
- Public Art Plan
- Future proofing for decentralised energy network
- Carbon Offset Contribution
- Employment and Training Plan

Community Infrastructure Levy

10.4 Neither LB Camden borough CIL nor Mayoral CIL (MCIL2) are chargeable on development in LB Camden for healthcare floorspace.

11. Conclusion

11.1 At Paragraph 11.1.36, the London Plan recognises that "many hospital sites contain old, poor-quality stock and there is a need for both replacement and maintenance." GOSH has rigorously assessed options to retain, upgrade and maintain the existing frontage building. However, this approach has been found to fall far short of the modern patient delivery, commercial and sustainability benefits and standards that could be achieved by the replacement of the existing building with a new building.

11.2 Redevelopment of the site also offers a unique opportunity to create a landmark frontage building to the world-renowned children's hospital and a new main entrance into the wider GOSH island site.

11.3 The Development Proposals will optimise the land to provide additional new healthcare floorspace at this constrained site to best accommodate the existing shortfall and projected need for hospital floorspace at GOSH.

11.4 The Development Proposals have been very carefully designed to respond to and enhance the surrounding hospital island site context and adjacent residential properties within the Bloomsbury Conservation Area. Particular efforts have been made to incorporate light and playful elements into the design which will speak to the child users of the development.

11.5 The Development Proposals are therefore compliant with NPPF, London and Local Plan Planning Policy, provide significant public benefits and should therefore be acceptable.

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