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Dear Ms O'Neill,

**Great Ormond Street Hospital (GOSH), Great Ormond Street, London,
WC1N 3JH**

Pre-application advice has previously been undertaken with GOSH, Urban Flow, BDP and Camden Officers in 2014 and 2015 in respect of GOSH's Master Plan. A number of meetings were followed up by the Council with written advice issued on 15/01/2015. The letter considered the details of the Master Plan and provided feedback on some of the key principles for shaping development considerations, including: Land use and housing; creating an outward looking development; high quality architecture; transport and highways impact; phasing and delivery. The feedback is summarised within the background section below.

The project team has been selected from a RIBA Design Competition. There was a design brief and the competition was refined to three contenders that took part in a public exhibition. An architect and contractor - BDP with John Sisk & Son – were selected in October 2017.

This letter will cover the issues discussed in the early meetings to date. These are primarily the principle of the development as well as conservation and design. Matters such as transport, sustainability, residential amenity, the basement development and other fundamental planning considerations have not been discussed in any detail so limited feedback is provided. Officers are keen to engage on these matters as early as possible and are happy to provide any comments under separate cover.

The comments below are based on the meetings that have taken place and the following documents:

- The Masterplan 2015 Handbook and the Final Report

- GOSH and LBC meeting (Principals) on 12/12/2017
- Applicant project team and Camden officers meeting on 15/12/2017
- Site visit 11/01/2018
- Workshop at BDP 24/01/2018
- Camden DRP 02/02/2018
- Stakeholder Briefing Pack, 16 February 2017
- Design Brief: Redevelopment Phase 4
- Update to London Borough of Camden December 2017
- BDP Competition Boards

Planning Policy

The Camden Local Plan was adopted by the Council on 03/07/2017 and has replaced the Core Strategy and Camden Development Policies documents as the basis for planning decisions. Other local documents which are of relevance include the Proposals Map, the Bloomsbury Conservation Area Appraisal and Management Strategy and the Camden Planning Guidance (CPG).

The London Plan 2016, along with the Mayor's Supplementary Planning Guidance (SPG), and National Planning Policy Framework (NPPF) are also important considerations as are sections 66 and 72 of the Planning (Listed Buildings and Conservation Areas) Act 1990. It is noted that the London Plan – Draft for public consultation – December 2017 was published on 29/11/2017. Given the status of this document it has limited weight at this point.

In making any decisions as part of the planning process, account must be taken of all relevant statutory duties including section 38(6) of the Planning and Compulsory Purchase Act 2004.

A list of relevant local policies is provided below.

Relevant Policies

Camden Local Plan 2017

- G1 (Delivery and location of growth)
- C1 (Health and wellbeing)
- C2 (Community facilities, culture and leisure)
- C3 (Cultural and leisure facilities)
- C5 (Safety and security)
- C6 (Access for all)
- H1 (Maximising housing supply)
- H2 (Maximising the supply of self-contained housing from mixed-use schemes)
- A1 (Managing the impact of development)
- A2 Open space)
- A3 (Biodiversity)
- A4 (Noise and vibration)
- A5 (Basements)
- D1 (Design)
- D2 (Heritage)
- D3 (Shopfronts)

D4 (Advertisements)
CC1 (Climate change mitigation)
CC2 (Adapting to climate change)
CC3 (Water and flooding)
CC4 (Air quality)
CC5 (Waste)
TC1 (Quantity and location of retail development)
T1 (Prioritising walking, cycling and public transport)
T2 (Parking and car-free development)
T3 Transport infrastructure)
T4 (Sustainable movement of goods and materials) and
DM1 (Delivery and monitoring).

Camden Planning Guidance: (Note: Many of these documents are currently being updated)

CPG1 (Design) 2015
CPG3 (Sustainability) 2015
CPG4 (Basements and lightwells) 2015
CPG3 (Town Centres, Retail and Employment) 2013
CPG6 (Amenity) 2011
CPG7 (Transport) 2011
CPG8 (Planning obligations) 2015

Bloomsbury Conservation Area Appraisal and Management Strategy April 2011

Background

History of GOSH

GOSH opened in 1852 on the corner of Powis Place. It was the first hospital in the English-speaking world dedicated to the care of children. The hospital grew rapidly in 1878 due to a major development providing 100 state of the art beds including an isolation ward. The next major development was the Southwood Building in the 1930s. It replaced traditional long wards with smaller units, considered more nurturing for children.

Since its inception more than 160 years ago, GOSH has been at the forefront of specialist paediatric care and research. The hospital is an international centre of excellence for the care and treatment of children and young people, many of whom have nowhere else to go to receive the highly specialised care they need. Referrals to the specialised services come from almost all hospitals in the UK and there are an increasing number of patients from overseas. Camden values the contribution that GOSH makes to the Borough and the national importance of the role played by the hospital.

Masterplan

A Development Control Plan (DCP) for GOSH commenced in 1985, when the vision to significantly improve the site resulted in the Variety Club Building being opened in 1994, and the Camelia Botnar Labs in 1995. In 1999 and 2005, the DCP was reviewed and updated. The review cycles were informed by the completion of Phase 1 (in 2004) and commencement of works for Phase 2 in 2007.

In 2015, a masterplan was prepared following an evaluation of the vision for the future of GOSH to bring the DCP up to date in terms of current clinical needs and growth

expectations. The Master Plan was drawn up following an extensive and progressive process of consultation between GOSH, the design team (at the time) and included input from officers at the London Borough of Camden. The Masterplan, which is not an official or binding document in planning terms, was adopted by the Trust Board in February 2016. Whilst the intention of the Master Plan is not to define the exact nature of future development, it provides an overarching vision and credible framework for future growth. The Master Plan sets out a framework to complete the redevelopment programme in two further phases over the course of 15 years up to 2030 to meet rising demand and deliver increasingly complex care. These two further phases are Phase 4 and Phase 5. Phase 4 will see the development of the southern part of the site; referred to as the Frontage Building. Phase 5 (comprising of two parts) is intended to replace the Southwood Building and Main Nurses Home buildings to the north.

Phase 4 of the Master Plan, which is the emerging scheme, involves the demolition and redevelopment of the Frontage Building and potentially the Paul O’Gorman Building, to create a new south block. Once complete, Phase 4 could potentially allow the Trust to move the existing clinical spaces in the Southwood Building and the Nurses Home Building in preparation to commence Phase 5.

Master Plan meetings and feedback

As mentioned at the start of this letter, pre-application advice on the Master Plan was issued by the Council on 15/01/2015. It is noted that this advice was based on the now superseded Local Development Framework. A summary of the feedback includes:

- *Land use and housing* – the principle of improved health facilities is supported. Camden’s policies seek mixed-use development in the Central London Area, with a presumption of residential uses in the mix. Exceptions are provided for site specific situations, such as publicly funded development for public facilities/services. It was stated that the Council would need to understand whether affordable housing may be incorporated into the Master Plan to avoid local housing pressures.
- *Outward looking development* – the Master Plan presents an opportunity to improve the legibility, accessibility and stature of GOSH’s campus.
- *Integration and permeability* – the site is a large, impermeable block and wayfinding is poor. Legibility and public permeability needs to improve across the site so that spaces feel like a proper piece of city that is recognisable as Bloomsbury spaces of squares and streets. The campus needs to integrate into the local area and it is essential that Powis Place becomes a publically accessible route (between Great Ormond Street and Guilford Street).
- *Townscape* – the south side of Great Ormond Street and the Bloomsbury Conservation Area to the south and east contain a significant preserved early Georgian domestic environment of exceptional quality, character and rarity. Their setting is a key consideration. The existing Frontage Building responds to the local context in scale and material and is setback from the street sufficiently to further reduce their impact. Increasing the height is a challenging proposition which will alter the setting of the listed Georgian houses opposite and will change the character of the street. It is essential that this change enhances the character of the street and the character of the conservation area. The existing Victorian

buildings mitigate the impact of their height through a richness and modulation to their form, depth in the façade zone, and high quality traditional materials. The Council considers that the insertion of large scale buildings in the context of finer lower grain context and surrounds in central London historic environments requires specialist architectural skill. It is therefore essential that the design of these façades is led by architects who have expertise and a proven track record in such sensitive environments.

- *Design considerations* – the setbacks of the building lines must be maintained and not encroach forwards of the established Georgian lines. A deep façade (at least 1m) is essential to allow sufficient depth for quality of detailing. Any plant at roof level should be limited and architecturally resolved. Materials should reinforce local character in terms of depth of detail, colours, tones and texture. Active street frontage encouraged onto outward-looking facades to provide overlooking and the perception of a public street. The upper levels should animate the street. Achieving height above established parapet lines is dependent on high quality architecture, modelling and detail.
- *Paul O’Gorman building* – the Council expects that the façade would be retained (at least). Officers note that this is still our expectation, as the demolition of the positive contributor would fail the statutory test under section 72 of the Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended); requiring local planning authorities to pay special attention to the desirability of preserving or enhancing the character or appearance of conservation areas. The demolition of the building would lead to a presumption of refusing the development (this is discussed further below).
- *Transport* – the increase in floor area and patients must not be matched by similar increases in vehicle activity. Ambulance and PTS activity should be consolidated within the site. Other matters raised included providing disabled parking within the site, addressing servicing at a strategic level and ensuring its off-street, accessible cycle parking within the campus and good quality travel plans.
- *Open space* - high quality open space is expected within the development along with contributions to improvements to existing local open space.

The above feedback is supported by officers. We continue to support the principle of the development of the GOSH campus and the benefits it will bring. No discussions have taken place about the suitability of Phase 4, or future phases, for incorporating housing as a secondary land use. The points made about integration and permeability and the challenges of the townscape context are crucial. In addition, the Phase 4 development must deliver the highest architectural quality if it is to succeed as a strategy for successful and acceptable development.

Relevant Planning History

PSX0004609R3 and CSX0004069: Planning permission and Conservation Area Consent were granted on 01/02/2001 for the erection of a new building for clinical use by GOSH, comprising sub-basement, basement and five upper floors plus plant (Class C2), following

the demolition of Charles West Building fronting Lamb's Conduit Street and two bays of Great Ormond Street building.

2007/4116/P: Planning permission was granted on 27/11/2007 for the demolition of the 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.

2014/6068/P: Planning permission was granted on 10/06/2015 for the erection of a new hospital research building (to become the Zayed Centre for Research into Rare Disease in Children) of three to seven storeys above a two storey basement. The centre is a partnership between GOSH for Children NHS Foundation Trust and University College London (UCL).

Site Constraints

Grade II* listed building on-site - Chapel of St. Christopher

Archaeological Priority Area – London Suburbs

Central London Area

London View Management Framework (LVMF) – views 5A.2 (Greenwich Park to St Paul's); 6A.1 (Blackheath Point to St Paul's) and 4A.1 (Primrose Hill to St Paul's)

Bloomsbury Conservation Area

Hydrology Constrains – Slope Stability and Subterranean (Groundwater) Flow

Site and Surroundings

GOSH is a campus of buildings that occupies the majority of a perimeter block bounded by Guilford Street, Lamb's Conduit Street, Great Ormond Street and Powis Place. The frontage elements of the hospital site fall within the Bloomsbury Conservation Area, and the Paul O'Gorman building is considered to positively contribute to its character and appearance. The hospital lies within the protected vista from Primrose Hill to St Paul's Cathedral (LVMF). GOSH is the United Kingdom's largest paediatric hospital.

GOSH has been the subject of ongoing phased development to remain in its current location and to provide a world-class paediatric facility and consolidate clinical and research facilities on the campus, whilst increasing the level of ambulatory care.

The objectives of Phase 4 are to replace the majority of the buildings along the Great Ormond Street frontage with a single, purpose-built clinical building demonstrating high quality architecture, create a welcoming main entrance and arrival experience and provide flexibly-designed accommodation (outpatient consulting rooms, inpatient wards, teaching, education and complex imaging space etc.).

The surrounding buildings within the CA are predominately Georgian and Victorian townhouses and larger institutional Victorian and Edwardian buildings around Queens Square to the west, all of between three and six storeys. Many of these buildings are listed for their historic and architectural importance, contributing to the rich and varied heritage setting of the area.

Proposal

The proposal seeks to demolish the Frontage Buildings (on Great Ormond Street) along with the Paul O’Gorman building on the corner with Powis Place. In their place would be a replacement building of 23,000sqm, which is anticipated to be GOSH’s largest net gain on their campus as part of the Master Plan. The proposed building would have a maximum height of nine storeys above ground, with three subterranean levels beneath. It would have a two storey base and be six storeys to the main parapet along the frontage of Great Ormond Street. At roof level would be a setback glazed element with a height of 1-3 storeys, with the greater height on the corner with Powis Place. The building would have a series of four ‘bow’ curves along the frontage.

The concept of the building is four ‘Houses’, which alternate with internal gardens along the length of Great Ormond Street. The Houses contain state-of-the-art clinical facilities: outpatient clinics on the lower floors and inpatient bedrooms upstairs. The wards provide 120 bedrooms, the majority of which are in single rooms with ensuite bathrooms. The proposal includes a roof garden, potential education facilities and projections forward of building line that are referred to as lily pads. Other proposed benefits include enhancements to the public realm, an active frontage (with potential public uses such as a café) and improvements to links between other clinical buildings on the campus.

The proposal has emerged from a RIBA Design Competition that sought to award the scheme to a chosen Contractor and Architect. John Sisk and Son and BDP were successful. The design team have made it clear that the winning proposal is not the set scheme, and that they are at the very beginning of the process.

Principle of Development

Officers are supportive of the principle of redevelopment in general, as we recognise the opportunity to remove the Frontage Building, and potentially enhance the existing Paul O’Gorman building (or at least retain and enhance its façade), and to improve the townscape character along this side of Great Ormond Street with a comprehensive new development.

As mentioned above - Camden values the contribution that GOSH makes to the Borough and London, and the national and international importance of the role played by the hospital. We support the principle of improved health facilities and modernising of facilities, and recognise and support GOSH’s concentration of centres of medical excellence and their contribution to health-related research, clinical expertise, employment and training provision.

The acceptability in principle is subject to a large number of outstanding planning considerations, some of which are covered below.

Land Use

Policy C1 of the Local Plan states that the Council will improve and promote strong, vibrant and healthy communities through ensuring a high quality environment with local services to support health, social and cultural wellbeing and reduce inequalities. Part D of the policy supports the provision of improved health facilities. It is considered that GOSH makes a significant contribution to the Borough, London, the UK and the world. The proposal to increase and improve the existing facilities is therefore supported generally.

Policy H2 of the Local Plan requires a mixture of uses in all parts of the Borough, including a contribution to housing. GOSH is located within the Central London Area and as such where there is more than 200m² (GIA) of additional floorspace provided up to 50% of all additional floorspace should be housing. The proposal would exceed this threshold, significantly, and would therefore trigger the requirement for a secondary use (i.e. housing) if appropriate.

No evidence has been submitted as to whether the provision of self-contained housing would be compatible with the character and operation of the proposed and surrounding medical uses. Officers note that the proposed development would serve a public purpose and the provision of housing would significantly affect the deliverability of the children's hospital facilities. All of the proposed floorspace within the building is required to deliver urgently needed space for the hospital, which rapidly need to expand to cope with demand. Paragraph 3.49 of policy H2 states that proposals are not required to provide housing if the development involves a specialised use, such as a hospital or a research facility, or is publicly funded or serves a public purpose.

Officers require a thorough assessment of whether the clinical needs will restrict opportunities for provision of housing within Phase 4, or whether it would be possible to accommodate residential accommodation within latter phases of the Master Plan.

Height and Scale, Conservation and Design Considerations

Legislative background

The proposed development would take place in one of Camden's most prestigious Conservation Areas, Bloomsbury, and in the setting of well-regarded grade II listed terraces on the opposite side of Great Ormond Street. Given the context of the development, it is important to set out the statutory requirements and national policy.

The Planning (Listed building and Conservation Area) Act 1990

In considering developments affecting a conservation area, Section 72 of the Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended) requires local planning authorities to pay special attention to the desirability of preserving or enhancing the character or appearance of that area.

In considering developments affecting listed buildings or their setting, Section 66 of the Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended) requires local planning authorities to have special regard to the desirability of preserving the buildings and their setting, as well as any features of special architectural or historic interest they possess.

The National Planning Policy Framework 2012

The NPPF requires its own exercise to be undertaken as set out in chapter 12 - Conserving and enhancing the historic environment. Paragraph 129 requires local planning authorities to identify and assess the particular significance of any heritage assets that may be affected by a proposal. Paragraphs 132-134 and 138 require consideration as to the impact of a proposed development on the significance of a designated heritage asset and including an assessment and identification of any harm/the degree of harm.

Bloomsbury Conservation Area

The Bloomsbury Conservation Area covers a large part of Central London with a variety of different character areas. Its special character and appearance is discussed in detail in the Bloomsbury Conservation Area Appraisal and Management Strategy (Adopted 18 April 2011). As a brief summary, the special character of the Bloomsbury Conservation Area derives from its planned arrangement of broad streets and formal squares enclosed by buildings of three and four storeys. Townhouses arranged in terraces are the predominant building form, reflecting the speculative and mainly residential development of the area from the late 17th century to c.1840, giving a distinctive repeated urban grain to large sections of the Conservation Area (CA). Overlaid on this historic urban street pattern are institutional buildings established and expanded from the mid-19th century onwards. These include the British Museum, UCL, University of London buildings, and specialist hospital uses in and around Queen Square and include buildings of substantial scale in radically modern architectural styles, some listed for their special architectural interest.

Demolition of Paul O’Gorman building

The Paul O’Gorman building is a classical red-brick building of five storeys above ground and a roof extension, designed by Charles Barry Jr. in 1893, to adjoin his younger brother Edward’s 1872 building for the hospital – its first purpose-built – which stood on Powis Place. The Grade II* listed St Christopher’s Chapel is all that survives of the younger Barry’s building. The Paul O’Gorman building addresses the corner of Powis Place and Great Ormond Street with a substantial four-storey projecting bow, and in its scale, materiality and style converses with the larger institutional and hospital buildings around Queen Square. An original slated roof storey with loosely mansard forms was replaced in the mid-twentieth century. Apart from the chapel, the Paul O’Gorman is the only building surviving from GOSH’s Victorian campus.

The Paul O’Gorman makes an important positive contribution to the CA, though it is erroneously identified as neutral in contribution in the relevant Appraisal and Management Strategy, as a good townscape building which specifically accommodates the hospital to the institutional style and scale of Queen Square and its junction with Great Ormond Street, and which manifests the historic architecture and layout of the Victorian hospital site – one of the institutions most important to the CA’s character. Its façade is in good condition, though its dull roof storey is poorly detailed and compromises the overall composition. Aligned with the top of the bow, the street frontage has a strong cornice line; BDP studies show that it is above this line that the façade would compromise levels and programme intended for the rest of the street frontage, so further studies to consider alternative architectural approaches to the upper levels are an obvious requirement for the next stages of design development.

The demolition of the Paul O’Gorman building would result in harm to the character and appearance of the CA, triggering the relevant statutory, national and local tests. At this stage the retention of the building has not been adequately explored. The starting point for any further design development should be to do a significant amount of work to look at retaining the building or at least the façade to minimise any harm to the CA. We expect this process to be thoroughly undertaken.

If justification for the demolition of the Paul O’Gorman can ever be reached, any replacement building would have to demonstrably enhance the contribution of this part of

the site to the character and appearance of the CA, as part of the exceptional circumstances required for justification of demolition of a building which contributes positively to the CA. In addition, in line with the agreed Master Plan principles, the corner building would be required to effectively address the corner with Powis Place, and would need to form a coherent part of the architectural response to Great Ormond Street itself to be of appropriate design quality. No persuasive design for a replacement building capable of enhancing the contribution to the CA made by Paul O’Gorman has yet been presented.

Height, scale, massing and form

The six-storey shoulder height proposed reads sensibly from the Great Ormond Street context, and subject to material quality, the richness, detailing and articulation of the façade, and the overall massing, could prove an acceptable scale for insertion into the delicate historic context. The proposed four-part frontage and townhouse concept is understood as part of a strong concept for programme and arrangement, but must meet the above criteria to succeed in form and scale. The one to three storeys of roof accommodation, though appropriately set behind the six-storey shoulder, will have a prominence in long and oblique views (particularly from Orde Hall Street, Dombey Street and spaces within the Tybalds Estate) of the proposed building, and so demands a sensitive massing and an integrated architectural treatment of high quality. The overall massing has yet to find an architectural arrangement which convincingly responds to the wider townscape or to the nearer street context, particularly at the top, bottom, and corner to Powis Place.

The constraint imposed by the LVMF viewing corridor is noted and it is advised that the proposal continues to respect this.

Design and architectural quality

Given the heritage sensitivities of the site, the strategic location and the profile of GOSH, a building of confident and fitting character and the highest architectural quality must be proposed. Designs presented so far do not yet achieve these objectives. The currently proposed massing and façade treatment requires particular attention to its depth, detailing and materiality, the ratio and arrangement of solid to void, the detailed treatment of fenestration, entrances and terraces as part of the composition, and its relationship and articulation to the streets have yet to cohere or convince, or respond adequately to the quality of the context. On the seventh to ninth storeys, setback from the façade, the use of glazing and flat, stepped form fails to provide an integrated architectural top to the building or to contribute architecture of quality and sympathy to the surrounding area beyond screening plant and buildings deeper within the hospital site.

We recognise and understand the clinical efficiencies provided by the drum profiled ‘houses’ but remain to be convinced that their scale, materiality and detailing can be successfully resolved to create an appropriate response to the historic context of Great Ormond Street and adjoining streets. Officers consider that the ‘houses’ concept has merit as a vision; however, it needs to be better thought-through and developed.

We are broadly supportive of the integration of planting into the building design for its therapeutic benefits for the occupants and users of the hospital and its potential to provide a positive contribution to the public realm. However, this seems to be a particularly challenging aspect of the project with regard to how planting and winter gardens are integrated into the currently proposed built form, how large expanses of glazing can be

avoided and how any winter gardens might relate in their form and detailing to the historic context. It will be important for the scheme to show how it will be incorporated within the proposals from an early stage.

Furthermore, the incorporation of plant equipment and how it is incorporated in the design is crucial.

Design Review Panel

The emerging scheme was presented to Camden's Design Review Panel (DRP) on 02/02/2018. A site visit took place in the morning before a presentation led by the GOSH team in the afternoon followed by questions and comments from the panel. The views of the panel were expressed in a formal letter sent on 13/02/2018.

The panel consider that the strengths of the proposals lie in the potential experience for patients, families and staff using the facilities. They were not convinced by the external design, which they believe has not had the same level of sensitivity and creative thinking applied. This has led to the view that the design approach is being driven from the clinical care layout (i.e. being designed from the inside-out). The DRP feedback is summarised below:

- *Architecture and streetscape* – the design work needs to focus on the building's exterior, and relationship to the streetscape and high quality domestic scale of townscape within Great Ormond Street. The proposed curved glass frontage is not appropriate to the domestic setting and the curved plan forms are challenging in the townscape. The division of the building into 'houses' requires greater domestic scale and sense of verticality. More clarity is required over setback top storeys and how they relate in long, oblique views. The presence of too much glazing was emphasised, as this approach would not be responsive to the townscape, and concerns were raised regarding the scheme not demonstrating that it has taken into account the analysis of the surrounding context and the Bloomsbury Conservation Area.
- *Paul O'Gorman Building* – a very strong case would be required for its demolition and it would need to be replaced by a building of very high quality. The panel encourages the design team to look carefully at retaining the building or its positive elements.
- *Hospital entrance* – the entrance design should be reduced in scale and be more welcoming, several entrances should be considered.
- *Interior design* – the role of craft in the interior was emphasised and the panel is keen to see these details as the design develops.
- *Environment* – concerns were raised regarding solar gain and more masonry was suggested. Further work is required to embed sustainability within the design and the panel was not convinced that this is an integral element of the design approach.
- *Landscape* – more thinking is needed on how the landscaping and specific features would be integrated within the design.

Officers endorse the feedback provided by the DRP and stress that they are an important part of the design process. During the review it was noted that they were not convinced by the quality of the architectural concept and that concerns were raised about the design team all being in-house. The panel noted that it is important to have alternative voices within the design team to challenge and contribute to the design development as it progresses. It was suggested that the team could benefit from external expertise to supplement it.

Public Benefits

The emerging proposals include the demolition of a positive contributor (Paul O’Gorman building), which is contrary to advice given in response to the Master Plan, and the design quality of the proposal being put forward is not considered to preserve or enhance the character or appearance of the Bloomsbury Conservation Area (CA) nor would the setting of nearby listed buildings be sufficiently preserved. Officers also note that the scheme includes a significant basement extension and construction works that would be substantial. Details of how listed assets would be protected will also be paramount.

Judgments from the courts have established that the Planning (Listed building and Conservation Area) Act’s statutory duty of ‘special regard’ amounts to an automatic presumption against permitting harm, and that all NPPF policies and tests sit beneath this. This presumption of preserving heritage assets must be given greater weight than just another material consideration. In practice, officers consider that this presumption means ensuring as little harm is permitted as possible. This means GOSH and Camden will need to take every effort to avoid, minimise and mitigate harm. It therefore appears appropriate to retain the Paul O’Gorman building, and for the remainder of the design to be of sufficient design quality and detailing to preserve or preferably enhance the character and appearance of the CA. We would like to reach a point where no harm results meaning the weighing of public benefits would not need to be carried out.

If the Paul O’Gorman building is demolished - which in itself would lead to harm to the CA - the tests within paras 133 or 134 of the NPPF would need to be applied meaning this harm would be weighed against the public benefits of the proposal. Officers note that any harm, even if it is ‘slight’, ‘minimal’ or ‘very limited’, must be accorded considerable importance and weight in the planning balance. Essentially this amounts to a starting point of a presumption to refuse, unless it can be shown that the proposal will deliver sufficiently significant public benefits to outweigh the harm.

As discussed above, officers are concerned about the removal of the Paul O’Gorman building and whether the resulting harm and public benefits are being properly considered. It is established in case law that the removal of a positive contributor is in itself harmful to the character and appearance of the CA, and it has been confirmed in the courts that any harm to the CA must be given significant weight with the presumption being to refuse the development. Once this process has been entered, which would occur through the removal of the positive contributor, any public benefits need to be substantial and compelling to overcome the harm to the CA (whether this is less than substantial or substantial as per the NPPF). An important point we want to make clear is that any weighing up of public benefits against the harm would not be able to rely on the resulting public benefits of the development in comparison to a position of nothing at all. The existing GOSH buildings already provide a significant public benefit, and a development

that includes the retention of the Paul O’Gorman building would also have very significant public benefits. Therefore, any proposal including the demolition of this building would need to have substantially greater public benefits than a scheme involving its retention. Every effort should be made to prevent harm to designated heritage assets.

Residential Amenity

No analysis of the potential impact on surrounding residents has been submitted to date; however, the proposal has the potential to have significant daylight/sunlight impacts on the surrounding buildings in addition to overshadowing, overbearing, loss of outlook and noise and general disturbance both through the construction period and due to the scale of the use.

Transportation

Pre-application discussions with our Transport Officers are yet to take place. Meetings are intended to be arranged shortly to agree what baseline information should be provided as part of the pre-application process and any formal planning submission. Concerns have already been raised with us by residents in the surrounding area, including:

- A building project of this scale cannot be serviced from Great Ormond Street without causing intolerable traffic congestion and pollution;
- Rigorous and detailed measurement of the existing traffic flows has been requested. It is claimed that assessments of traffic flow in the past have been flawed, resulting in distorted conclusions;
- External, independent traffic flow experts have been requested to validate the process, evaluate its findings, validate the measurement of air pollution from construction and model the impact of large numbers of HGVs using the street for at least two of the four years;
- Residents want to ensure that option of servicing the site from a new entrance in Guilford Street is rigorously tested; and
- Phase 5 of the Master Plan includes the creation of a new entry from Guilford Street. Residents have requested that the order of Phases 4 and 5 be reversed.

Transport colleagues have indicated that they have concerns regarding the emerging cumulative impact of development potentially around this site (including works to QSH, the servicing yard, 20 Guilford Street, Tybalds Estate and recently approved GOSH developments (iMRI and the Italian Hospital). Having all these sites ‘live’ at the same time is likely to place a tremendous strain on the highway network and its capacity to operate in a safe and effective way.

The Council would expect a complete draft Construction Management Plan at planning submission stage that is a thorough and well considered document. Any approval would include a requirement to setup a construction working group; however, we strongly encourage GOSH to establish the group at pre-application stage in order to allow residents to influence the draft CMP and inform the planning submission.

Officers welcome improvement to the public realm generally and are happy to meet to discuss.

Sustainability and Open Space

We welcome you to begin sustainability discussions with our Sustainability Officer. It is noted that GOSH are striving for an exemplary sustainable scheme. Little evidence of what is being proposed and how this would be achieved has been put forward. The Council endorses this goal however and will support GOSH in the pre-application and application process.

The GOSH campus is very densely built with no significant external amenity spaces for patients, visitors or staff. A development of this scale must be accompanied by open space improvements – such as putting amenity space at roof level within the site. The suggestion of incorporating green space within the proposal is promising however it appears to be largely internal. We would like to see details of this as the design development continues and for the feasibility to be demonstrated. Creating high quality open space for visitors, patients and staff will be vital for providing an attractive place for users, ensuring public benefits and to reduce the strain on existing public open spaces.

Consultation

It is important to commence engagement with the local conservation (e.g. Bloomsbury CAAC) group, residential interest groups (including Rugby & Harpur Residents Association) and other amenity groups from the earliest stages of design development.

Historic England should be involved as early as possible. We would expect consultation with a range of other heritage groups including:

- the Society for the Protection of Ancient Buildings,
- the Ancient Monuments Society,
- the Council for British Archaeology,
- the Georgian Group,
- the Victorian Society, and
- the Twentieth Century Society

The scheme would be referable to the GLA and we encourage early engagement of the Mayor's planners.

The site lies within the Holborn and Covent Garden Ward with the relevant Ward Councillors being Cllr Julian Fulbrook, Cllr Awale Olad and Cllr Sue Vincent. We would encourage early engagement with the Members.

As the site is within an Archaeological Priority Area – an assessment will be required and it's suggested that you contact the Greater London Archaeology Advisory Service.

DM Forum – the prospect of a DM Forum has been discussed and is highly encouraged due to the nature of the scheme which will generate widespread interest. Multiple visits would be required in addition to GOSH's own consultation. More information can be found

here: <http://www.camden.gov.uk/ccm/content/environment/planning-and-built-environment/two/major-developments/development-management-forum/>

Conclusion

While the Council supports the principle of the development and considers this to be an incredible opportunity to develop a great piece of townscape with substantial public benefits, no clear vision has yet been articulated for a replacement building which responds fully to the site, the context and its constraints, nor an architecture of convincing quality. The emerging proposal has been designed to meet clinical aims and to respond to the patient experience, with a holistic response to context yet to progress much beyond a conceptual scheme for the middle portions of the front elevation. Rather than tweaking the exterior of the competition scheme to improve its appearance, officers consider that the architectural expression needs to be reconsidered from concept. In addition, the proposal needs to relook at the retention of the Paul O’Gorman building before it progresses any further.

The current design team’s track record of delivering clinical schemes is evident in the proposed programme; however, evidence of the architectural vision and specialist skills needed to create a contextual architecture of the highest quality which responds to the townscape of exceptional sensitivity and importance needs now to be demonstrated.

A summary of the significant concerns/outstanding matters includes:

- Any proposal would need to be of exceptional design quality and this has not been reached
- The consultation as part of the design competition was encouraging. This momentum needs to continue. The earlier the scheme can be the subject of public consultation and discussion with interested parties, the better
- Demolition of the scale proposed would bring significant sustainability and transport concerns
- Details and assessment of other material planning matters (including sustainability, transport, land use, residential amenity, basement impacts etc.) are not well advanced
- The design quality of the scheme is concerning and at this stage Officers are not convinced by the quality or direction of the architectural vision/concept
- Officers consider that the applicant should bring in additional expertise to the design team

Please note that the information contained in this letter represents an officer’s opinion and is without prejudice to further consideration of this matter by the Development Management section or to the Council’s formal decision.

I trust this information is of assistance. Should you have any further queries please do not hesitate to contact me by telephone on 020 7974 4908.

Yours sincerely,

Jonathan McClue

Principal Planning Officer
Planning Solutions Team