

PLANNING STATEMENT

QUEEN MARY'S HOSPITAL, FROGNAL AVENUE, SIDCUP, DA14 6LT

Extension to QMH to provide new Community Diagnostic Clinic with Associated
External Plant Enclosure and Landscaping



Lee Evans Planning Ref: 9304

November 2023

Full Planning Application

at

Queen Mary's Hospital, Frogal Avenue, Sidcup, DA14 6LT

<i>Client</i>	<i>Oxleas NHS Foundation Trust</i>
<i>Determining Authority</i>	<i>London Borough of Bexley</i>
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1. INTRODUCTION

- 1.1 Lee Evans Partnership LLP has been commissioned by Oxleas NHS Foundation Trust to submit an application for full planning permission for an extension to the existing hospital building to provide a new Community Diagnostics Clinic (CDC), along with an external plant and enclosure, at Queen Mary's Hospital, Sidcup.
- 1.2 The Oxleas NHS Foundation Trust was established in 1994 (formerly the Bexley Community Trust). It has grown over time and is now an extensive provider of healthcare. Supported by a dedicated workforce exceeding 4,000 professionals, the Trust is steadfast in its mission to enhance lives through exceptional healthcare, fostering collaboration with the NHS, local councils, and the voluntary sector. Notably, in the year 2022, Oxleas formally integrated into the South East London Integrated Care System, further affirming its unwavering commitment to community health.
- 1.3 The creation of CDCs was recommended following Professor Sir Mike Richards' Review of NHS diagnostics capacity. The recommendation was that NHS organisations across England move to providing diagnostic services in Community Diagnostic Centres (CDCs) and all health systems are expected to include a network of CDCs as part of their health services offer. The CDCs will allow patients to access planned diagnostic care nearer to home without the need to attend acute hospital sites. These services would be separate to urgent diagnostic scan facilities, which means shorter waiting times and a reduced risk of cancellation which can happen when more urgent cases take priority. Therefore, this would lead to improved patient experience and outcomes.
- 1.4 The new CDC as proposed will extend from a refurbished section of the existing hospital to provide an additional GEA of circa 333m². The extension will occupy an area that has been vacated by larger (715m²) modular building, which was demolished in 2021 to make way for this development. A new external plant area is also proposed, with a GEA of circa 144m². Surrounding land will be made good and basic landscaping implemented.
- 1.5 This Statement makes an assessment of the proposed development against the development plan for the London Borough of Bexley, with due regard to relevant material considerations including the National Planning Policy Framework (NPPF), and site planning history.
- 1.6 This Planning Statement outlines the site context, and provides details of the proposed development, before setting out the relevant planning policy considerations. It reflects in detail on the merits of the proposals assessed against the development plan, making a case in support of the proposed development.
- 1.7 **Section 2** provides some background to the current situation at the hospital.
- 1.8 **Section 3** of this Statement describes the Site and its context.
- 1.9 **Section 4** provides details of the proposed development.
- 1.10 **Section 5** considers the planning policy framework and identifies the relevant national and local planning policy considerations and guidance in relation to the proposed development.
- 1.11 **Section 6** reflects on the merits of the indicative proposals hereby presented.
- 1.12 The application hereby submitted comprises the following documents:
- Planning Statement - LEP
 - Design & Access Statement – Murphy Philipps
 - Drawings (see Document Register) - Murphy Philipps
 - Site Logistics Plan - Murphy Philipps
 - Transport Statement – Urban Flow
 - Travel Plan – Urban Flow
 - Drainage Strategy Report – Perega
 - Flood Risk Assessment – Perega

- Preliminary Planning Compliance Report (Acoustic) PCR.01 – KP Acoustics
- Preliminary Planning Compliance Report (Acoustic) PPCR.01 – KP Acoustics
- Preliminary Ecological Assessment – Greenspace Ecological Assessment
- Biodiversity/Bat Mitigation etc. – Greenspace Ecological Assessment
- Ecological Impact Assessment – Sweco
- Refuse and Recycling Arrangement (within this Statement)
- Energy Assessment – Frnakham
- BREEAM Pre-assessment – XDA Consulting

1.13 In view of expediting the determination of this application, the application is accompanied by details within this submission, including; materials, landscaping, drainage details, a construction management plan, parking layout, acoustic survey.

1.14 **The desire from the applicant is to avoid the imposition of pre-commencement conditions on any forthcoming planning permission where possible, in turn helping to ensure the prompt delivery of this important development in responding to identified clinical and community needs.** We would be grateful for your co-operation in this matter.

2. BACKGROUND & THE CLINICAL NEED FOR THE DEVELOPMENT

- 2.1 Established in 1994, as Bexley Community Trust, Oxleas NHS Foundation Trust has evolved to become a highly specialized and geographically extensive healthcare provider.
- 2.2 Achieving foundation trust status in May 2006, it stands out as a pioneering provider of mental health services, benefiting from local accountability and financial autonomy. With a dedicated workforce of over 4,000 professionals, the Trust's mission is to enhance lives through exceptional healthcare, working in collaboration with the NHS, local councils, and the voluntary sector. Recently,
- 2.3 in 2022, Oxleas became part of the South East London Integrated Care System, reinforcing its commitment to community health.
- 2.4 In line with this commitment The Trust – and specifically the QMH – has therefore an expanded range of requirements best fitting its role as a hub for community health care. As such, the need as arisen for the creation of a dedicated Community Diagnostic Centre at QMH.
- 2.5 The creation of CDCs was recommended following Professor Sir Mike Richards' Review of NHS diagnostics capacity. The recommendation was that NHS organisations across England move to providing diagnostic services in Community Diagnostic Centres (CDCs) and all health systems are expected to include a network of CDCs as part of their health services offer.
- 2.6 The CDCs will allow patients to access planned diagnostic care nearer to home without the need to attend acute hospital sites. These services would be separate to urgent diagnostic scan facilities, which means shorter waiting times and a reduced risk of cancellation which can happen when more urgent cases take priority. Therefore, this would lead to improved patient experience and outcomes.

2.7 The CDCs will help achieve the following ambitions:

- To improve population health outcomes by diagnosing health conditions earlier, faster, and more accurately
- To increase capacity in the diagnostic service by investing in new facilities, equipment, and training new staff, contributing to recovery from COVID-19 and reducing pressure on acute hospital sites
- To improve productivity and efficiency by streamlining the way we provide acute and elective (planned) diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication
- To contribute to reducing health inequalities by ensuring everyone has the same access to care and the same health outcomes
- To deliver a better diagnostic service and more personalised experience by providing a single point of access to a range of services in the community
- To support more joined-up care across primary, community and secondary care

2.8 QMH currently has no dedicated space for a CDC, with such services instead occupying existing hospital spaces elsewhere. Whilst the existing hospital site has variously been suitable for clinical requirements through the rearrangement of internal spaces and departments (where appropriate), its evolution and expansion over time is long-established in responding to precise needs of the Trust, as reflected across an extensive site-wide planning history.

2.9 The need for a dedicated CDC is essential in both responding to the existing requirements of QMH in meeting community health needs, but also desirable in further securing the Trust's longer term requirement for dedicated clinical spaces for treatment and diagnostics.

3. APPLICATION SITE

Site Description

- 3.1. As an existing site, QMH is an established acute general hospital in Sidcup, in the London Borough of Bexley. The hospital site is located to the north of the A20 Sidcup By-Pass Road, accessible to hospital staff and users from Frognal Avenue. Sidcup town centre is located to the north west of the hospital site, containing a range of services and facilities. The Site is located within the context of built development, albeit in a verdant setting in parts, due both north and south.
- 3.2. The Application Site is located on Frognal Avenue, and entirely contained within the ground of the existing Queen Mary Hospital (QMH).
- 3.3. The specific area of the Site subject to this proposal is located to a discrete site location to the southern extent of the existing complex (**Figure 1**). The Application Site was previously occupied by a modular building of circa 715 m², which served as a clinical research facility with approximately 15-20 staff ranging from administration to clinical provision and around 20-30 patient contacts a day – formerly the ‘MeDiNova’ building. This building was demolished in 2021 and the Site is currently cleared, and vacant. It has been earmarked for a built-use to support clinical and / or operational requirements since.
- 3.4. The existing access to the proposed development site is via the existing access arrangements i.e. with vehicular access taken via Frognal Avenue, and pedestrian access taken variously throughout the wider hospital complex, both internally and externally. At the time of writing, Queen Mary’s Hospital has 350 pay and display public parking spaces with bays for people with disabilities outside each main building. There is a paved area for motorcycles and cycle racks to the left of the main building. No additional access routes are proposed. No additional parking – for staff or visitors – is proposed. It is anticipated that the clinical and community uses of the proposal are already taking place elsewhere in the Site. Although a new, dedicated building is proposed this is not therefore

expected to result in a significant uplift in existing trip generation or parking requirements.

- 3.5. In any event, as an existing hospital complex, the Site is well served by the local public transport network and a range of local facilities. There is a local bus stop within the hospital site from which the buses run regularly, and include services 160, 229, 269, 286, B14, R11 at the time of writing. Trains travel regularly to Sidcup station from London Charing Cross, London Bridge, Waterloo East, Cannon Street and New Cross as well as Dartford, Gravesend, Slade Green and Crayford.

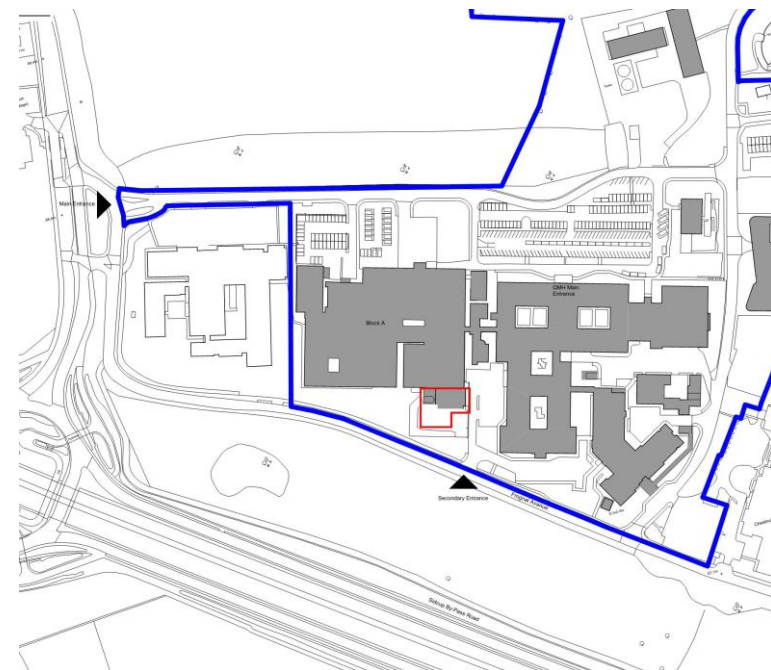


Figure 1. Site Location, edged red. The Applicant’s wider ownership is shown edged blue, corresponding with the larger hospital complex.

Planning Policy Designations

- 3.6. The Site's spatial planning context is closely influenced by its planning policy designations, of which review of the proposals map identifies few constraints.
- 3.7. Of principal importance, the Site – and the wider QMH site and existing built form – is washed over by the Metropolitan Open Land designation (**Figure 2**).
- 3.8. Metropolitan Open Land is strategic open land within the urban area. It plays an important role in London's green infrastructure – the network of green spaces, features and places around and within urban areas. MOL protects and enhances the open environment and improves Londoners' quality of life by providing localities which offer sporting and leisure use, heritage value, biodiversity, food growing, and health benefits through encouraging walking, running and other physical activity. Metropolitan Open Land is afforded the same status and protection as Green Belt land. The interaction(s) of the Site with the MOL are considered later in this Statement.
- 3.9. The Site is furthermore located in adjacency to Queen Mary's Hospital Grounds, a designated Site of Importance to Nature Conservation. Due south of the Site, this area is afforded protection from development and consideration will be given to the impact(s) of development on this location. Linked to this, a designated Strategic Green Wildlife Corridor runs beyond the Site's southern demise, corresponding with the axis of the A20 Road Corridor. To the north, Sidcup Place and Green – another designated Site of Importance to Nature Conservation – itself also falls in proximity to the Site.
- 3.10. The Site is not located in a Conservation Area, and is not located within direct proximity to any statutorily listed buildings. It is noted, however, that the Grade II* listed Frognal House (list entry: 1064228) falls beyond the Site's boundaries due eastwards. The Grade II listed walls, gatepiers and gates to south of Frognal House (list entry: 1294778) and garden

walls to north of Frognal House (list entry: 1359411) also fall beyond the Site's demise. In any event, the Application Site is located some distance from these assets amidst intervening built form.

- 3.11. The Site falls within Flood Zone 1, and is considered at low risk of flooding. It is further considered to be at low risk of surface water flooding.
- 3.12. From desk-based review, there are no other planning policy or land-based constraints considered to be of central relevance to the proposed scheme.
- 3.13. The implications of the above are considered in Section 6 of this Statement which makes an assessment of the scheme against relevant planning policies for Bexley, and the London Plan as a whole.



Figure 2. Extract of Local Plan Proposals Map.

4. THE PROPOSED DEVELOPMENT

- 4.1. The proposed development scheme comprises a new CDC incorporating a refurbished area of 541m², a new built extension with a GEA of 333m² and an external plant area with a GEA of 144m² alongside associated landscaping and infrastructure. The document provides information for the areas requiring planning permission including the new proposed extension and external plant area.
- 4.2. A full description of the proposed development is articulated throughout the Design and Access Statement which accompanies this submission, and across the various plans and drawings which comprise this application.

Land Use

- 4.3. The use of the building will be for medical purposes (Use Class C2 Residential Institution of the Use Classes Order 1987, as amended). This Use Class is consistent with the operation of the wider hospital site. The CDC will be operated by the Trust.
- 4.4. The building will be used principally during standard office hours, although some appointments will take place outside of such hours, including on weekends as required in meeting community and patient needs.

Appearance

- 4.5. The proposed development is designed to be in keeping with the surrounding vernacular and materiality of the wider QMH site. The materials proposed for the new CDC Community Diagnostic Clinic feature a combination of metal, accentuated by yellow-coloured panels covering the external elevations of the single storey extension, itself topped with a sedum (green) roof.

- 4.6. The Design and Access Statement which supports this submission contains a number of images showcasing a diverse contemporary design across the wider site, and one which incorporates metal cladding panels with distinctive yellow highlights as a unifying feature. The strategic use of yellow, whether through window elements or wall surfaces, not only maintains a connection to the external environment but also enhances wayfinding, making it easier for individuals to locate the clinic. The proposed development looks to reflect a similar vernacular and material approach, and has been design to achieve such.
- 4.7. This approach not only contributes to the clinic's aesthetic appeal but also prioritises functionality, guiding and welcoming people while ensuring a seamless integration into the existing architectural landscape.
- 4.8. **Figure 3** overleaf identifies the proposed materiality.

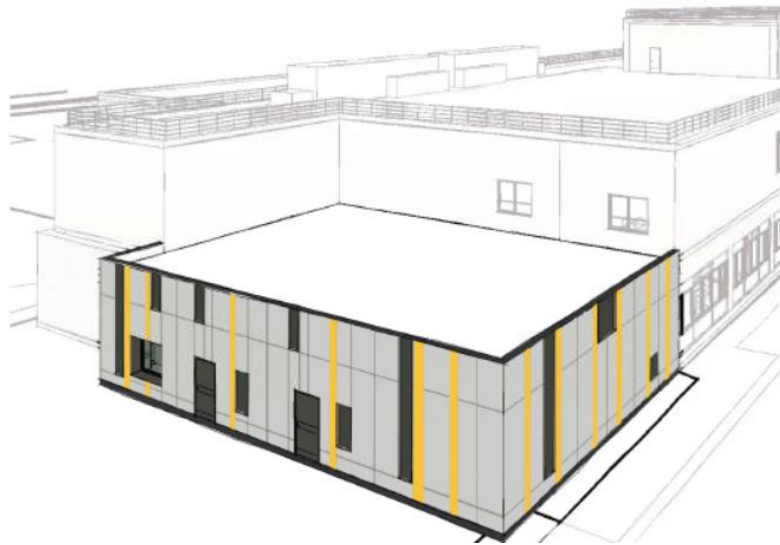


Figure 3. The proposed design appearance of the CDC.

Layout

4.9. The Site layout is designed to be in keeping with the general layout of the existing hospital surroundings, namely given that the proposed relates to a part refurbishment of an existing building and a modest extension attached to such. The proposed layout therefore reflects a combination of a continuation in built form of the existing rectilinear building at single-storey level, and the need for legible clinical spaces internally.

4.10. The layout promotes easy wayfinding and a design approach where each department has its own dedicated main entrance which can be accessed from a central waiting area. The layout comprises of the three key departments MRI, CT and X-Ray with each department including all required patient support spaces such as recovery, change facilities and sub-wait areas. In addition to above there are clinical support spaces and staff amenities.

Scale

4.11. With respect to the overall scale of the new extension, the development would be limited to that which is considered proportionate to the needs of the Trust in delivering a dedicated CDC space. The proposed development totals

- A refurbished area of 541m²;
- a new built extension with a GEA of 333m²; and
- an external plant area with a GEA of 144m².

4.12. The refurbished area is contained wholly within the existing buildings of the hospital complex; no external encroachment is expected as a result of the refurbishment which in its own right seeks to maximise the efficiency of existing suitable spaces. In this regard it relates principally to internal amendments not explicitly requiring planning permission.

4.13. The new build extension is modest in its overall scale, given its relationship to the refurbished area of the building being of a single-storey in height, and projecting a relatively modest distance from the existing building, and covering an expanse less than the previous MeDiNova building's footprint.

4.14. An area for plant – necessary in the operation of the proposal – is proposed to be of 144m².

- 4.15. The total proposed floorspace is 1,018m², including both refurbished and new build elements. Compared to the previous building footprint located on site the new proposed extension area is reduced by approximately 380m² (Figure 4). In turn, this creates a related opportunity to reinstate the remaining land outside the site boundary back to a grassed finish with associated visual and amenity benefits.

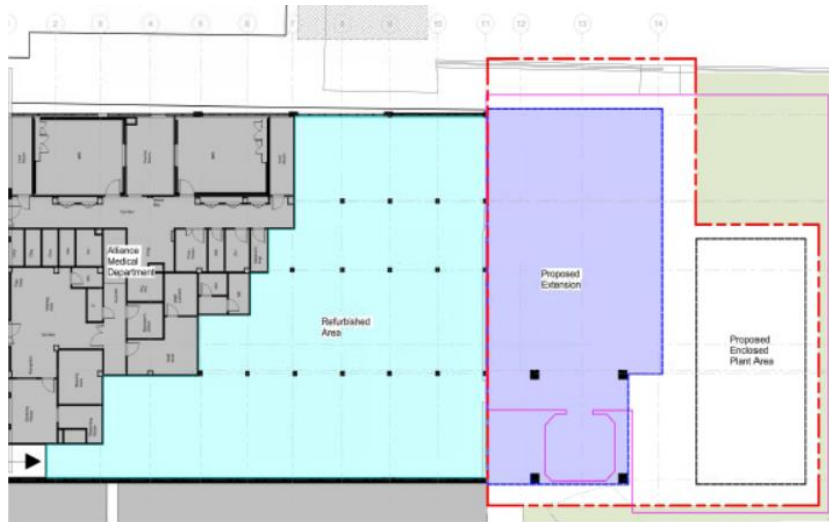


Figure 4. The proposed block plan indicating the overall size and scale of the development. The refurbished area is shown in light blue, the new extension in blue, and the proposed plant enclosure in grey-edging.

Landscape

- 4.16. The proposed development affords the opportunity to incorporate new landscaping in this part of the wider site area, particularly in response to the Site's spatial setting which includes for designated areas of nature conservation in relative proximity. The proposal would bring about the introduction of a small buffer area of amenity grassland at the Site's external areas (see: MPA **Proposed Landscape plan drawing QMH CDC-MP-XX-01-DR-A-01012-P1-271023-Landscape Plan**) and a green sedum finish to cover the new proposed roof area (see: to MPA **Proposed Roof Plan drawing QMH CDC-MP-XX-01-DR-A-01101-P1-271023-Proposed Roof Plan**).
- 4.17. The provision of areas of gravel and permeable paving is also proposed, providing for variance in the surfacing within the Site in a manner that would allow for minimal conflict with the operational requirements of the CDC as a much-needed clinical addition to the facilities of the QMH.
- 4.18. In both cases, the proposal would effectively reinstate areas of soft landscaping, with related – albeit modest in the case of new amenity grass - improvement to the visual and amenity condition of these part of the Site.

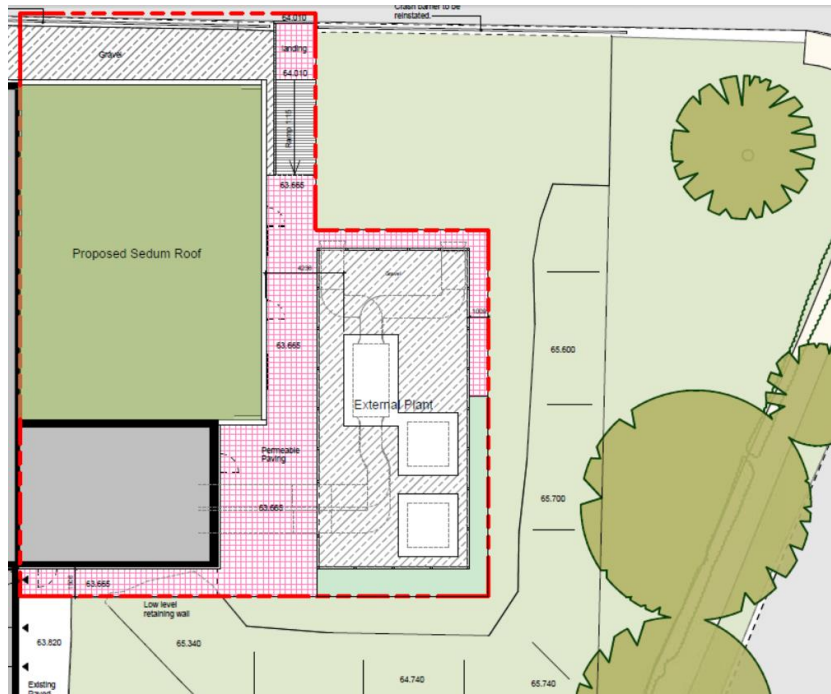


Figure 5. Proposed Landscaping Plan, indicating areas of amenity grass and a proposed sedum roof.

Access and Parking

- 4.19. As elsewhere, access to the site would be retained via the wider hospital site. No proposed amendments to existing access arrangements are suggested under the cover of this application. In this regard, the Site would be highly accessible to visiting members of the public and staff, including via public transport modes.
- 4.20. No changes to the existing parking arrangements are proposed in this application. The hospital site as a benefits from 350 parking bays across a number of parking areas containing dedicated areas for disabled bays

and motorcycles, as well as ample bicycle parking provision. The Site sits adjacent to an existing parking area.

- 4.21. It is not anticipated that the proposed development would necessitate expansion or other such revision of parking capacity at the wider site, given the dynamic nature of hospital parking requirements.
- 4.22. Pedestrian access is itself also proposed as existing, via the wider hospital site. A pedestrian footpath runs adjacent to the existing car park, providing direct access to QMH Main Entrance. The new CDC will be accessed via the existing Main Entrance of QMH hospital from where signage will direct patients along the existing corridor to reach the clinic, as shown in yellow highlight in **Figure 6** overleaf.

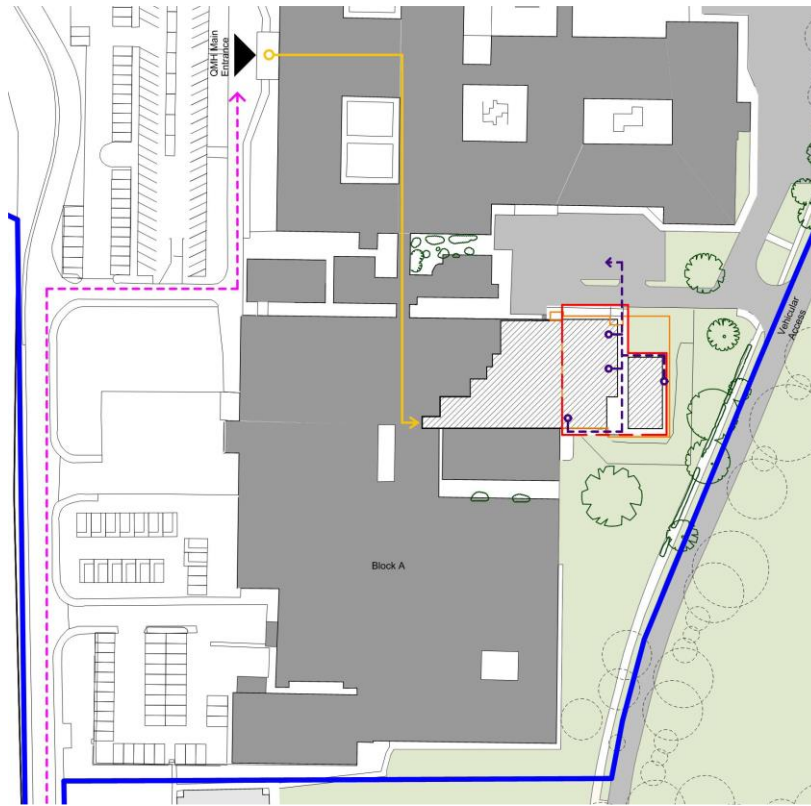


Figure 6. Access arrangements as proposed, with yellow highlight indicated a pedestrian route to the CDC via the internal corridors of the QMH.

Other Matters

Drainage

4.23. A drainage strategy accompanies this submission. It confirms that the proposed drainage strategy would include for:

- The provision of SuDS, to include a green roof (sedum roof) and an attenuation tank; and
- The re-use this existing connection to the public sewers with a new foul water network constructed to serve the proposed extension.

4.24. Whilst the proposal will result in the provision of 3 new toilets, given that the extension simply replaces a previously connected building, it is not taken to increase the foul flows to the receiving sewer system.

4.25. As discussed in Chapter 6 of this Statement, the proposed development would provide a circa 89% betterment relative to the existing worst case scenario in drainage terms.

Ecology

4.26. A preliminary ecological appraisal has been prepared to support the application, alongside a biodiversity net gain assessment. Further specific survey work has been undertaken to inform the site development scheme, including site-specific bat surveys. The findings of such have informed the submitted material.

4.27. Further details are explored later in this Statement and within the supporting submission reports and plans

Energy

- 4.28. An Energy Statement accompanies this submission, and outlines the ventilation, heating, lighting and cooling strategies proposed. The strategy centres principally around using the existing energy centre and district heating system, currently fed via gas boilers supplement by an on-site incinerator elsewhere in this Applicant's 'blue line' ownership. These current systems will be reused and repurposed to feed heating and hot water services in the new refurbished area and extension.
- 4.29. The new build elements of the design scheme are following the requirements of BREEAM 2014 Refurbishment and Fitout: Healthcare criteria. Whilst the supporting Sustainability Statement should be reviewed in its own right, the Statement confirms a range of measures designed to reach an 'Excellent' rating against these criteria.

Refuse Strategy

- 4.30. The refuse strategy for the proposed development is incorporated within that for the QMH site as a whole, where waste (clinical and operational) is stored and disposed of on-site and managed by a dedicated team.
- 4.31. The proposed development would simply be incorporated into internal refuse strategies, to ensure the efficient and effective storage and disposal of waste generated by the proposal.

Fire Strategy

- 4.32. Adequate fire exits have been provided in line with the requirements of HTM 05-02 and Building Regulations. The current fire strategy has been developed and signed off by the appointed fire officer and fire exit routes carefully considered to ensure a safe evacuation of all patients and staff.
- 4.33. The fire strategy reflects – and is incorporated into – the strategy for the QMH as a whole, which operates as an existing hospital site benefiting from an existing robust fire strategy.

5. THE PROPOSED DEVELOPMENT

- 5.1. Decisions on planning applications must be made in accordance with the policies of the development plan unless material considerations indicate otherwise.
- 5.2. Here, the development plan for the purposes of S38(6) of the Planning and Compulsory Purchase Act (2004) comprises the London Plan (2021), and the Bexley Local Plan (2023).
- 5.3. The Proposals Map to the adopted Development Plan Documents do not explicitly designate the application site for any particular land use, but do note its existing hospital use and a number of land-based designations in the vicinity, as explored in Section 2 of this Statement.
- 5.4. There are a number of other material planning policy considerations relevant to determination of this proposal, including the National Planning Policy Framework (NPPF), Planning Practice Guidance (PPG) together with emerging local planning policy documents and supplementary guidance.
- 5.5. Against this context, the following local and national policy considerations will be most relevant to the determination of this application.

London Plan (2021)

- 5.6. The London Plan was adopted in March 2021. It is the Spatial Development Strategy for Greater London and sets out a framework for how London will develop over the next 20-25 years. Its policies are relevant to all development proposals in Greater London.
- 5.7. Whilst the Plan contains a number of policies across a range of disciplines and topic areas, those considered of most relevance to the current proposal are listed as follows:

- Policy GG2 – Making the Best Use of Land
- Policy GG3 – Creating a Healthy City
- Policy D3 – Optimising site capacity through the design-led approach
- Policy D4 – Delivering good design
- Policy D5 – Inclusive design
- Policy S2 – Health and Social Care Facilities
- Policy G3 – Metropolitan Open Land

- 5.8. Due consideration has been given to these policies throughout Section 6 of this Statement.

Bexley Local Plan (2023)

- 5.9. The Bexley Local Plan was adopted in April 2023, and provides strategic and development management guidance at the Borough-scale, informing development decisions over the plan period to 2038.
- 5.10. The policies considered of most relevance to the proposed development are listed as:
- Policy SP1 – Achieving Sustainable Development – the Spatial Strategy
 - Policy DP11 – Achieving high-quality design
 - Policy SP7 – Social and Community Infrastructure
 - Policy DP20 – Biodiversity and Geodiversity in Developments
 - Policy DP21 – Greening of Development Sites
 - Policy DP22 – Sustainable Transport
 - Policy DP23 – Parking Management
 - Policy DP24 – Impact Of New Development on the Transport Network

- 5.11. As above, these policies have also informed the development scheme as submitted.

National Planning Policy Framework

5.12. The NPPF is a material consideration in assessment of this application. The NPPF was updated in Autumn 2023, and revised paragraph numbers are referred as relevant.

5.13. The NPPF requires applications to be determined in accordance with the Development Plan unless material considerations indicate otherwise. Paragraph 2 advises that the NPPF is a material consideration in planning decisions.

5.14. Paragraph 8 advises that achieving sustainable development means that the planning system has three, interdependent overarching objectives:

- an economic objective
- a social objective
- an environmental objective

5.15. As a whole, the Framework seeks the pursuit of sustainable development which is described as seeking positive improvements in the quality of the built, natural and historic environment, as well as in people's quality of life, including (but not limited to):

- Making it easier for jobs to be created in cities, towns and villages;
- Moving from a net loss of bio-diversity to achieving net gains for nature;
- Replacing poor design with better design;
- Improving the conditions in which people live, work, travel and take leisure; and
- Widening the choice of high quality homes"

5.16. **Paragraphs 10** outlines the presumption in favour of sustainable development and **Paragraph 11** confirms that this presumption in favour should be applied as follows:

*For **decision-taking** this means:*

c) *approving development proposals that accord with an up-to-date development plan without delay; or*

d) *where there are no relevant development plan policies, or the policies which are most important for determining the application are out-of-date⁷, granting permission unless:*

- i. *the application of policies in this Framework that protect areas or assets of particular importance provides a clear reason for refusing the development proposed⁶; or*
- ii. *any adverse impacts of doing so would significantly and demonstrably outweigh the benefits, when assessed against the policies in this Framework taken as a whole.*

5.17. **Paragraph 20** states that local policies should support the provision of sufficient health facilities:

Strategic policies should set out an overall strategy for the pattern, scale and quality of development, and make sufficient provision for:

a) *housing (including affordable housing), employment, retail, leisure and other commercial development;*

b) *infrastructure for transport, telecommunications, security, waste management, water supply, wastewater, flood risk and coastal change management, and the provision of minerals and energy (including heat);*

c) **community facilities (such as health, education and cultural infrastructure); and**

d) *conservation and enhancement of the natural, built and historic environment, including landscapes and green infrastructure, and planning measures to address climate change mitigation and adaptation.*

5.18. **Paragraph 38** provides guidance in relation to ‘decision-making’ and outlines that local planning authorities should approach decisions on proposed development in a positive and creative way and should also look to work pro-actively with applicants and seek to approve applications for sustainable development where possible.

5.19. **Chapter 8**, specifically paragraphs 92 and 93, addresses the promotion of healthy and safe communities. It records that planning policies and decisions should aim to achieve healthy, inclusive and safe places which – among other things:

- plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments (paragraph 93a);
- take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community (paragraph 93b);
- ensure an integrated approach to considering the location of housing, economic uses and community facilities and services (paragraph 93e)

5.20. Paragraph 96 goes on to state that *“To ensure faster delivery of other public service infrastructure such as further education colleges, hospitals and criminal justice accommodation, local planning authorities should also work proactively and positively with promoters, delivery partners and statutory bodies to plan for required facilities and resolve key planning issues before applications are submitted”*.

5.21. **Paragraph 119** targets the effective use of land in responding to the demand for particular uses:

Planning policies and decisions should promote an effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions. Strategic policies should set out a clear strategy for accommodating objectively assessed needs, in a way that makes as much use as possible of previously-developed or ‘brownfield’ land.

5.22. **Paragraph 120** states:

Planning policies and decisions should:

- a)** *encourage multiple benefits from both urban and rural land, including through mixed use schemes and taking opportunities to achieve net environmental gains – such as developments that would enable new habitat creation or improve public access to the countryside;*
- b)** *recognise that some undeveloped land can perform many functions, such as for wildlife, recreation, flood risk mitigation, cooling/shading, carbon storage or food production;*
- c)** ***give substantial weight to the value of using suitable brownfield land within settlements for homes and other identified needs, and support appropriate opportunities to remediate despoiled, degraded, derelict, contaminated or unstable land;***
- d)** ***promote and support the development of under-utilised land and buildings, especially if this would help to meet identified needs for housing where land supply is constrained and available sites could be used more effectively (for example converting space above shops, and building on or above service yards, car parks, lock-ups and railway infrastructure); and***
- e)** *support opportunities to use the airspace above existing residential and commercial premises for new homes. In particular, they should allow upward extensions where the development would be consistent with the prevailing height and form of neighbouring properties and*

the overall street scene, is well-designed (including complying with any local design policies and standards), and can maintain safe access and egress for occupiers.

- 5.23. **Paragraph 123** emphasises that Local Planning Authorities should also take a positive approach to applications for alternative uses of land which is currently developed but not allocated for a specific purpose in plans, where this would help to meet identified development needs. In particular, they should support proposals to:

a) use retail and employment land for homes in areas of high housing demand, provided this would not undermine key economic sectors or sites or the vitality and viability of town centres, and would be compatible with other policies in this Framework; and

b) make more effective use of sites that provide community services such as schools and hospitals, provided this maintains or improves the quality of service provision and access to open space.

- 5.24. Chapter 12 of the Framework seeks to achieve well-designed places, and in this regard is key in the assessment of the proposed development. In particular **Paragraphs 126, 127 and 130** which collectively seek to ensure that developments will function well and add to the overall quality of the area, are visually attractive and are sympathetic to local character, among other listed objectives.

SUPPLEMENTARY PLANNING GUIDANCE

- 5.25. The London Borough of Bexley has also adopted a suite of Supplementary Planning Documents that are relevant to the determination of planning applications.
- 5.26. In this instance it is considered that the following are relevant and have been considered across the application documents. Due reference is made both here and in related specialist reports to the following where appropriate:

- Design and Development Control Guidelines SPD
- Sustainable Design and Construction Guide SPD
- Sustainable Drainage Design and Evaluation Guide

6. PLANNING ASSESSMENT

6.1. Having regard to the relevant planning policy provisions as summarised above in Section 5 and other material considerations, it is submitted that the principal issues relevant to the determination of this application will be:

- The principle of the development in this location, with due regard to the redevelopment of a vacant brownfield site within the wider hospital site serving directly identifiable need for a CDC;
- The design of the proposed development, with reference to visual impact and amenity;
- The potential impact(s) of development on the surrounding land-based designations, including Metropolitan Open Land (MOL); and
- Matters of highways and parking.

THE PRINCIPLE OF DEVELOPMENT IN THIS LOCATION

6.2. The Local Plan supports sustainable development in its various forms, with emphasis on the health and social well-being of residents outlined as part of the overall spatial strategy of Policy SP1.

As an overarching policy objective, SP1 is clear in its drive towards achieving sustainable growth in homes, jobs and services to create a network of healthy, well-connected, high-quality, desirable places, with Criterion 2c of this policy further centring the goal of providing necessary infrastructure and local services as part of a fuller reading of sustainable development.

6.3. Policy SP7 expands further on matters relating to social and community infrastructure. It notes that: “The Council will ensure the identification, development, completion, safeguarding and monitoring of services, facilities and open spaces of the types set out in Table 10 that are required to support housing and employment growth in the borough so as to make a positive contribution to creating strong, cohesive and

sustainable communities”. Table 10 includes for a wide range of health services and facilities, evidently at the core of the proposed development.

6.4. Criterion B of SP7 further identifies the Council’s aspirations to work with partner agencies in delivering such, including reference to the NHS and its Trusts in ensuring that the identification of required need(s) can be met. Supporting text further emphasises the synergies required of new social and community infrastructure, referencing that development proposals in locations where new infrastructure is planned must also be compatible with and provide the necessary safeguards for, and network links to, the future community infrastructure project as appropriate. As an extension to the existing hospital at QMH, the proposal is itself clearly compatible with – and safeguards – existing infrastructure, and itself represents the type of future community infrastructure required in meeting need.

6.5. Overall, the proposed development at the Local Plan scale is directly aligned with the aspirations of this strand of the Plan in principle, specifically in responding to identified need(s) for this type of CDC facility, replacing a since demolished building on a brownfield vacant parcel, within the existing hospital site.

6.6. In respect of the London Plan, paragraph 5.2.2. of the London Plan advocates – in line with the NHS Long Term Plan – for the need to transform the way that care is organised and delivered to meet increasing demands for healthcare within the resources available. It speaks inter-alia of *‘making best use of available assets including more flexible approaches to how facilities are used and the overall configuration of the health estate, which requires a mix of dis-investment in older out of date facilities and re-investment in more modern fit for purpose estate’* and *‘ensuring that that models of care change and continuously evolve; ensuring that existing and planned new health infrastructure supports and facilitates change’*.

6.7. The proposed development manifestly responds to these objectives of this wider-reaching policy objective, cutting across the wider NHS plan as well as the provisions of the London Plan itself.

- 6.8. Further paragraphs of the Plan outline the considerations given to the need for new health and social care facilities. They identify that – at paragraph 5.2.9 – development and regenerations proposals provide an opportunity to rethink how land and buildings are used, and where there are more optimal ways of using land. It emphasises that “hospital reconfigurations are an example where more intensive and better use of a site can lead to a combination of improved facilities and the creation and release of surplus land for other priorities’. The Site here is an example of such, being a vacant brownfield asset within the wider hospital site following the demolition of a previous health-related use no longer required in this location.
- 6.9. With this in mind, Policy S2 relating to Health and Social Care facilities is itself clear that (with the Applicant’s commentary below):

A. Boroughs should work with CCGs and other NHS and community organisations to:

- 1) identify and address local health and social care needs within Development Plans, taking account of NHS Forward Planning documents and related commissioning and estate strategies, Joint Strategic Needs Assessments and Health and Wellbeing Strategies;**
- 2) understand the impact and implications of service transformation plans and new models of care on current and future health infrastructure provision to maximise health and care outcomes;**
- 3) undertake a needs assessment to inform Development Plans, including an audit of existing health and social care facilities. Needs should be assessed locally and sub-regionally, addressing borough and CCG cross-boundary issues;**

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

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

Whilst the proposal is not the subject of a specifically identified strategy in planning documents, the positive impact(s) of such on the Trust’s catchment are emphasised as a driving factor in improving experience and outcomes for patients through a dedicated CDC. The Site is not specifically identified as a site for future provision, but is nonetheless within the bounds of the existing QMH site and on the vacant undeveloped site of a former medical building since demolished. It’s location is a logical site for expansion. Overall the reconfiguration internally (through refurbishment of part of an existing building) and the new extension will make better use of both existing and proposed infrastructure, as directed by this strand of Policy S2.

B. Development proposals that support the provision of high-quality new and enhanced health and social care facilities to meet identified need and new models of care should be supported

The proposal demonstrably meets an identified local need for a dedicated Clinical Diagnostics Centre. The quality of such is reflected on the supporting plans, and discussed in the supporting Design and Access Statement. The implementing of CDCs is a relatively recent addition to the range of health and social infrastructure following review, centred on improving patient experience and outcomes by allowing patients to access planned diagnostic care nearer to home without the need to attend acute hospital sites. These services would be separate to urgent diagnostic scan facilities, which means shorter waiting times and a reduced risk of cancellation which can

happen when more urgent cases take priority. Therefore, this would lead to improved patient experience and outcomes.

C. New facilities should be easily accessible by public transport, cycling and walking

The Site is already readily accessible by multiple travel modes, as an existing hospital site already benefitting from a high degree of accessibility. This criterion is considered satisfied.

- 6.10. The provisions of Policy S2 are considered to be robustly reflected in the proposal as submitted in meeting identified clinical needs in the Trust's catchment.
- 6.11. Against this policy context, we emphasise that the entirety of the application site is within the urban boundary and within the QMH hospital site and thus is considered an appropriate location for development of the type proposed. The objectives of the Local Plan and national policy promote the efficient use of land, as per paragraph 118 of the NPPF. The use of derelict or underused land within the urban and suburban fabric means that development makes efficient use of land and should act to reduce incursion onto greenfield and agricultural land. In this instance the development utilises an underused part of the Site on an area of a previous building – since left vacant pending this development proposal - in an efficient manner to help meet the operational needs of the hospital and the medical needs of the community.
- 6.12. Paragraphs 10 and 11 of the NPPF outline the presumption in favour of sustainable development. This is also supported by Paragraph 38 of the NPPF which states that local authorities should seek to approve applications for sustainable development. It is submitted that the proposed development will deliver social, economic and environmental benefits; the three objectives of sustainable development.

6.13. In summary, the proposal is an essential extension to a fundamental community service at the QMH, within the urban area, and as such is supported by local and national policy.

6.14. We emphasise in addition that:

- The proposal is relatively minor in scale and will meet the local/hospital need
- The site as a whole is within the urban area and is well connected to public transport
- The proposal responds to the objectives of sustainable development
- There will be negligible increase in traffic or parking demand (relative to the volume of existing traffic and parking)
- The proposal has been designed and located to minimise visual impact and deliver improvements to the quality of the built form

6.15. It is submitted that the principle of the proposed development, which comprises the expansion and improvement of community facilities, is supported by adopted Development Plan policies and the NPPF.

DESIGN AND APPEARANCE

6.16. Regarding design, the proposed development will comply with the relevant design principles as required by Local Plan Policy and those of the London Plan, and would be wholly appropriate within the context of the existing QMH site including the choice of materials and colour palette. The extension element of the proposal will serve a much-needed operational improvement but also deliver an aesthetic enhancement in this part of the Site, following its vacancy since the demolition of the previous building some years prior.

6.17. Relevant local plan policies identify good principles of design and requires that new development is of high quality and respects the character of existing buildings and the area more generally. They also require development to be of sustainable and inclusive design that reinforces and positively contributes to local context.

- 6.18. The extension would single storey elements, which would be in keeping with the scale of adjacent buildings immediately surrounding it. Minor refurbishment of the existing building would lead to a positive enhancement of the services and facilities internally, effectively retrofitting relevant internal space as required.
- 6.19. The design and form of the building and the incorporation of a limited palette of materials will ensure that it is in keeping with surrounding mass, scale and character. The siting of the new extension in the place of a previous building is such that it will have a negligible, if any, visual impact on the surrounding area. The extension of the hospital building will be viewed against the backdrop of existing built form, will blend into the site context and will enhance upon the existing aesthetic. Associated landscaping will provide aesthetic change upon the currently vacant nature of the area, whilst reducing noise spill so as to not negatively impact the surrounding context. It is anticipated that this intervention will increase the greening of the Site as it begins to interface with Metropolitan Open Land.
- 6.20. Given the above it is considered that the proposed development would comply with the relevant design principles as required by Local Plan Policy and would be wholly appropriate within the context of the existing QMH site.

ACCESS, PARKING, AND TRANSPORTATION

- 6.21. In the context of this application relevant planning policies dealing with highways and transport matters include Policies DP22 - Sustainable Transport, DP23 – Parking Management, and Policy DP24 – Impact Of New Development on the Transport Network.
- 6.22. Relevant London Plan policies primarily include Policies T4, T5, and T6 which deal with matters of mitigation and parking.
- 6.23. These policies – among others - collectively seek to ensure that safe access to the Site can be achieved, that appropriate vehicular and cycle parking provision can be provided, and that the development would not

lead to any unacceptable detriment on the highway network, and that future development is delivered in accessible locations within or in close proximity to existing infrastructure and services at an appropriate scale.

- 6.24. To inform the application, a detailed Transport Statement has been prepared and forms part of this application. The submitted Transport Statement finds that the proposed development will comply with all relevant transport policies.
- 6.25. The report prepared by Urban Flow confirms that the newly proposed building will accommodate approximately 10-15 staff and will cater for up to 160 patients per day. It goes on to assess the scheme in this context, with an overview of existing transport provision and the impact(s) of the development on such.
- 6.26. In addition, a Framework Travel Plan has been prepared in support of the application. The reports and materials provided demonstrate that the scheme can come forward with minimal adverse impact(s), given the relatively modest nature of the proposal in the context of an existing hospital site, replacing a previous medical building.

BIODIVERSITY

- 6.27. In its current condition, the Site constitutes previously developed land of little natural habitat, having previously served as the location for a since-demolished building. Nevertheless the Site's suitability to support protected species and habitats has been assessed and, where required, Phase 2 species-specific surveys were undertaken (for roosting bats and reptiles only), and appropriate recommendations and mitigation strategies are provided within the Preliminary Ecological Appraisal prepared by Greenspace.
- 6.28. The report found that the Site comprises predominantly ephemeral vegetation with grassland and one building. It went on to confirm that the proposed development of the Site will not impact any designated sites or areas of ancient woodland.

- 6.29. Alongside the PEA, protected species surveys for both badgers and bats were undertaken. A camera trap monitoring survey of a mammal hole (TN1) within the Site was undertaken which determined badger to be likely absent from the Site. However, as a precaution, a pre-commencement site check for any signs of badger activity and/or new holes should be undertaken prior to site clearance works.
- 6.30. In respect of bats, Building B2 was identified as having ‘Moderate’ suitability to support roosting bats. No bats were recorded emerging from the building during a single emergence survey in September 2023. A second survey is required in the core survey season for bats (May to August) in 2024. If bats are observed emerging, then a third survey will be required to characterise the roost and a licence will need to be sought from Natural England. If no bats are observed emerging, then ‘Reasonable Effort’ has been applied to the building and no further surveys will be required for bats.
- 6.31. It should be noted that a separate Bat Mitigation Strategy has also been submitted as part of this application, providing a refined strategy in addressing the potential for bats, pending further survey works from the 2024 season. This strategy outlines an approach for addressing such in the event that Building B1 is confirmed to host a bat roost, and likewise if it is confirmed to not host a roost.
- 6.32. Timings and methods of best practice in relation to breeding birds are required.
- 6.33. With this in mind, a number of mitigation measures are proposed to include, inter-alia:
- A precautionary pre-commencement survey to check for badger activity;
 - to prevent killing and injury of badgers, which may occasionally use the Site, any excavations that are created during the course of the construction that are greater than 1m in depth should either be covered over at night or should have at least one sloping side of no greater than a 45 degree angle to enable any badgers or other mammals that may fall in to escape unharmed;
- Any spoil piles created as a result of construction works should be fenced/covered to prevent badgers establishing setts within them;
 - Any external lighting proposed for the development should be sensitive to the retained and proposed hedgerows, trees and all boundary features, avoiding direct illumination of them; and
 - measures to retain and create suitable habitat to support breeding birds should be included within the design proposals.
- 6.34. Notwithstanding the above, in accordance with the requirement of the National Planning Policy Framework (NPPF) 2023 a number of recommendations to enhance the Site’s suitability for wildlife have been provided.
- 6.35. These enhancements as recommended in the PEA include:
- The installation of bat boxes installed in suitable locations;
 - The incorporation of a wildlife-friendly planting scheme within the boundary post development, including native plant species, would be of benefit to invertebrates, hedgehogs, birds and bats;
 - The installation of four bee bricks on the southern elevation of the proposed building would increase the Site’s biodiversity by supporting solitary bees.
- 6.36. The above mitigation measures have been variously incorporated into the proposed landscape strategy itself, as well as informing elements of the building’s design layout.

- 6.37. In light of the findings and recommendations of the supporting documentation which accompanies this planning application, there is no reason to expect that the delivery of supporting medical and community care development in this location would conflict with the LPA's policies relating to the protection and conservation of ecological interests, nor with those of the London Plan.
- 6.38. On the basis that the recommendations identified are implemented, the proposed development will not contravene any relevant legislation or planning policies pursuant to nature conservation.

7. SUMMARY

- 7.1. Lee Evans Partnership LLP has been commissioned to submit a planning application for development at the Queen Mary Hospital, Sidcup in support of the development of an extension to the existing hospital building to provide a new Community Diagnostics Clinic (CDC), along with an external plant and enclosure.
- 7.2. The proposed development would bring about the redevelopment and use of an underutilised parcel of land within the context of the existing hospital, replacing a previously developed hospital building. Internally, the development would see a refurbishment of existing clinical space to further support identified community health needs. The case is made throughout this Statement that the Site represents a suitable and logical location for the continued development of specific hospital-related development, following an assessment of localised opportunities and constraints of the spatial planning context relative to QMH.
- 7.3. The development proposed will provide additional capacity for the short and long term with facilities required to respond to the identified need of the Trust in providing community care to a wide demographic of residents, in line with the overarching social aspirations of the NPPF.
- 7.4. It is considered that the development proposed is supported by adopted Development Plan policies and the NPPF.
- 7.5. Regarding design, the proposed development will comply with the relevant design principles as required by Local Plan Policy and those of the London Plan, and would be wholly appropriate within the context of the existing QMH site including the choice of materials and colour palette. The extension element of the proposal will serve a much needed operational improvement but also deliver an aesthetic enhancement in this part of the Site, following its vacancy since the demolition of the previous building some years prior.
- 7.6. In the implementation of this development – if approved - the hospital will continue to promote its sustainable travel plan, in which alternative modes of transport are encouraged and recommended before the use of the private car across the wider ‘blue line’ ownership.
- 7.7. All other matters considered in respective accompanying reports have been shown to comply with planning policy and matters of planning interest.
- 7.8. As concluded across the submitted documents and plans, the proposals are demonstrably deliverable based on the Site assessment work that has been carried out to date, and the proposal is considered to roundly accord with the objectives of the development plan for the Borough.
- 7.9. There are considered to be a range of material planning benefits to the scheme, which include but are not necessarily limited to:
- the redevelopment of this large site of vacant, previously developed land making effective and efficient use of an enclosed land parcel;
 - the delivery of a new Community Diagnostics Clinic, specifically addressing localised need within the Trust’s catchment area;
 - landscape and biodiversity enhancements are targeted at enhancing the contributions of the Site to its landscape setting;
 - the provision of construction related services, providing a significant, albeit short-term, employment and economic boost.
- 7.10. We trust all required information for the Council to determine the application has been submitted.
- 7.11. On this basis it is concluded that the application be approved.