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Planning Policy
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Sent via email to:
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Dear Sir/Madam

**LONDON BOROUGH OF WANDSWORTH: LOCAL PLAN
MAIN MATTERS, ISSUES AND QUESTIONS (OCTOBER 2022)
TOWN AND COUNTRY PLANNING (LOCAL PLANNING) (ENGLAND) REGS 2012**

We write on behalf of our client, South West London and St Georges Mental Health NHS Trust (SWLSTG), in response to the London Borough of Wandsworth's emerging Local Plan. These representations follow comments previously submitted by the Trust in February 2022, March 2021 and February 2019 during consultation exercises on the emerging London Borough of Wandsworth (LBW) Local Plan.

Background and Context:

The Springfield Hospital site is the main campus for mental health services in South West London along with Tolworth Hospital, which falls within the administrative area of the LB Kingston. The Trust provides inpatient services at Springfield Hospital, Tolworth Hospital and Queen Mary's Hospital, and provides community and outpatient services across each of the boroughs.

The Trust Board is responsible for the quality of the services provided across the Trust's estate. At the present time, many of the facilities across the estate do not provide the best environment for patient care and the Board is therefore required to attend to this.

The Trust have embarked on an ambitious Estate Modernisation Programme (EMP), which seeks to invest in services, people and environments including refurbished and new mental health facilities across South West London. This includes new healthcare facilities at both Springfield and Tolworth Hospitals. Overall, the programme represents major innovation and investment in the local community and by 2025 it will help transform mental health services in South West London.

Following the approval of the Springfield masterplan back in 2012 (ref:2010/3703 and 2010/3706) the Trust had previously intended to dispose of its surplus land and enter in a development agreement for the new hospitals as part of one procurement process and contractual agreement with a consortium made of residential developers and a contractor to deliver the hospitals.

However, this changed in 2017 due to the consortiums residential partner dropping out of their procurement team. The resulted in the Trust having a contractor procured and ready to build the new hospital but with no method of funding this through the procurement process. This resulted in the Trust disposing of surplus land in phases which was outlined in the EMP Full Business Case (FBC) which was approved by HM Treasury in October 2019.

The approved EMP FBC, permitted the use of the receipts achieved through the disposal of Phase 2b to deliver the required hospital facilities at Tolworth Hospital. Since 2019 there have been significant pressures impacting on the deliverability of Tolworth Hospital and the funding required due to increases in build costs, inflation and Brexit. Therefore, the Trust have looked at maximising the opportunities for the sale of their last parcel of land to ensure Best Value is achieved to facilitate the delivery of Tolworth Hospital.

The Site currently benefits from an allocation (allocation 89) within Wandsworth's Local Plan Site Specific Allocations Document (March 2016). In September 2017 the South West London and St George's Mental Health NHS Trust selected its preferred developer, STEP, and works in relation to the new hospital facility and infrastructure began in early 2019. STEP were further officially appointed in December 2019 as Master Developer for the Site. The following phases of the development have or are in the process of being brought forward:

- Phase 1 – 26 dwellings (brought forward by Bellway– completed);
- Phase 2 – Park and Infrastructure (Implemented by STEP);
- Phase 3 – Hospital (Implemented by STEP);
- Phase 4 – Care Home (implemented STEP);
- Phase 5a – 227 dwellings (Implemented by Barratt);
- Phase 5b – 71 dwellings (Implemented by Barratt);
- Phase 6a – 72 conversion dwellings (Implemented by City and Country);
- Phase 6b – Reserved Matters and Listed Building consent for 110 units (Reserved Matters and Listed Building Consent approved and to be brought forward by City and Country);
- Phase 6c – Reserved Matters and Listed Building consent for 80 units (Reserved Matters and Listed Building Consent approved and to be brought forward by City and Country);
- Phase 6c – Full Application for the erection of 32 residential units (falls outside the 839 approved and is pending determination); and
- Phase 6d – Reserved Matters consent for the conversion of Glenburnie Lodge (Reserved Matters and Listed Building Consent approved and to be brought forward by City and Country).

Phase 7 Reserved Matters is anticipated to be submitted in Autumn 2022. Phase 7 will draw down on the remaining 253 residential dwellings (private and affordable) of the 839 dwellings that were approved under the approved outline planning permission (Ref: 2010/3703). Therefore the remaining development parcels (plots X,Y,Z and VB, also referred to as Phase 2b) will be brought forward under a separate standalone planning application.

Since submission of the latest set of representations in February 2022, the Trust have selected Barratt London as the residential development partner to bring forward the final residential phase within Springfield Village (referred to as plots X,Y,Z and VB (Phase 2b) of the wider Springfield Masterplan) which will facilitate the delivery of Tolworth Hospital, LB Kingston.

Previous representations made to date on behalf of the Trust have focused on the following topics:

- Springfield Hospital Draft Allocation;
- Designation of Metropolitan Open Land;
- Design-led approach;
- Social and Community Infrastructure;
- Health and Wellbeing;
- Delivery of Residential accommodation;
- Affordable Housing;
- Energy and Sustainability; and
- Car Parking.

This representation specially focusses on the following Matters:

- Matter 12 - Springfield Site Allocation;
- Matter 13 – Achieving High Quality Places; and
- Matter 20 – Green and Blue Infrastructure.

Observations are also made within these representations with respect to Matter 1 (Spatial Development Strategy), Matter 15 (Providing for Wandsworth's People) and Matter 16 (Providing Housing).

Hearing Matters – Draft Local Plan

We offer the additional comments in relation to individual hearing matters:

Matter 12 - Springfield Site Allocation (Policy OUT 3)

It is acknowledged that during the Local Plan process, the Site allocation has been included within the emerging plan following representations made during the Regulation 18 stage. The inclusion of the site allocation within the draft Local Plan is welcomed and justified as reflects the current status of the implemented outline planning permission.

The draft allocation OUT 3 (Springfield Hospital, Burntwood Lane/Glenburnie Road, SW17) identifies the Site for new and improved hospital facilities, residential and small scale commercial / retail uses serving the hospital, residential and school facilities. The draft allocation also requires the retention of the open space for use as a public park with recreational use and the retention of the locally listed chapel for community facilities.

Draft Policy SDSI states that the Local Plan period will provide for a minimum of 20,311 new homes. Draft allocation OUT 3 does not prescribe an identified quantum of development to be brought forward on the Site, which is supported and in line with policy SDSI C which seeks to 'permit development on major allocated sites within the Local Plan and make the best use of land whilst ensuring the development densities are appropriate to the location and size of the site in accordance with Policy LP1'.

Whilst previous representations have been made with regards to the comprehensive redevelopment of the Springfield Hospital Site and should be afforded due consideration as part of this examination, these representations primarily focus on the site layout and buildings height constraints set out in the allocation to enable the Springfield Hospital site to optimise the delivery of units across the site, where appropriate, contributing to the Local Plan's overall housing requirement.

With regards to the building heights specified within the draft allocation, the Site has not been identified within the emerging Local Plan as being located within a tall or mid-rise building zone. In light of this as currently drafted development proposals for tall or mid-rise buildings will not be supported. Within the emerging policy mid-rise buildings are defined as five storeys and over, and tall buildings are defined as seven storeys or over. As set out within the Regulation 19 representations, whilst it is acknowledged that the London Plan directs Development Plans to define and determine the location of 'tall buildings', which under the draft Local Plan is defined as seven storeys or over 21 meters, there is no requirement for LPAs to identify 'mid-rise' buildings.

Placing such a restriction prohibits development to only four storeys does not comply with draft Policy SDSI, which under part C sets out that new homes will be delivered by 'making the best use of land whilst ensuring that development densities are appropriate to the location and size of the site in accordance with Policy LP1'. In line with draft policy LP1 the location of buildings should 'optimise the potential of sites so that the layout and arrangement of buildings to ensure a high level of physical integration with their surroundings and consideration of broader placemaking'.

Paragraph 14.33 of the emerging Local Plan sets out that opportunities for mid-rise buildings and notes that these should be generally concentrated within five different area types. This includes areas 'alongside large scale open spaces'. The wider hospital Springfield Hospital site includes a proposed area of open space equating to approximately 13 hectares and therefore in line with the LPA's criteria for allocating mid-rise areas, it is considered that the Springfield Hospital Site should be allocated within a mid-rise area, where in line with draft policy LP1 it is demonstrated that a design lead approach is making the best use of land whilst ensuring that development densities are appropriate to the location and the size of the site.

It should also be noted that draft policy LP4, does not provide any criteria for schemes which propose heights outside of identified areas to demonstrate acceptability. If the LBW are to achieve their ambitious housing numbers identified for the plan period, then implementing such restrictive parameters within allocations, where development should be directed to, fetters the ability for these allocations to not only make the most efficient use of land but where appropriate mitigate the impact of any identified development not coming forward. Without some flexibility within the allocation parameters, the plan and its subsequent allocations will not be able to respond to increasing demand for housing.

The restrictive nature of the mid-rise policy places undue constraints on the Site's redevelopment, which could in turn hinder the funds generated from surplus land being reinvested into the Trust's EMP. Not only therefore would the restriction of building heights in this location to four storeys be contrary to the design led approach at both national and regional policy it may also hinder the Trust's ability to bring forward the wider EMP. Adopting a design-led approach to schemes, where buildings heights and their associated impact in the context of their surroundings and broader placemaking would be tested as part any forthcoming planning application, would ensure developments are brought forward which complement the Site's context whilst enabling funds to be generated to support the delivery of wider social infrastructure.

The draft allocation goes onto state that '*small urban blocks should be used to create a distinctive neighbourhood that promotes permeability and legible connections to the wider area*'. As previously set out in the Regulation 19 representations, the restrictive nature on the form of development which could be brought forward on the Site does not accord with national and regional policy which seeks to ensure that the most efficient use of land is achieved. Policy GG2 (Making the best use of land) of the London Plan states that to create successful sustainable mixed-use places that make the best use of land, those involved in planning and development must proactively explore the potential to intensify the use of land to support additional homes and apply a design-led approach to determine the optimum capacity of Site. The inclusion of the requirement for any future development to be brought forward in '*small urban blocks*' would be contrary to

the London Plan, which places great emphasis on the need for developments to be design-led nor does it align with draft policy LP1 of the Local Plan.

It is therefore requested that the requirement for future developments to be brought forward in *'small urban blocks should be used to create a distinctive neighbourhood that promotes permeability and legible connections to the wider area'* is replaced with a requirement for developments to apply a design-led approach to ensure the optimum development capacity of the Site is achieved whilst promoting permeability and legible connections to the wider area. Through including a requirement for any future development to be design-led, would ensure the allocation is consistent with National and London Plan and secure the delivery of a high quality development which is appropriate in light of the Site's context.

In addition, it is noted that within the Main Modifications document, dated 04 October 2022, a new paragraph regarding parking is sought to be introduced. The paragraph introduces a section relating to the promotion of active travel and the use of public transport alongside ensuring that a balanced in achieved with regarding to the provision of car parking for the healthcare uses between the essential needs for patients, staff and visitors and encouraging a modal shift from the private car. As set out within the representation made by the Trust during the Regulation 19 consultation, the Trust supports the promotion of active travel measures and acknowledged the need, in line with their wider agenda, to move away from the private car where appropriate.

In summary, the inclusion of site allocation OUT 3 is welcomed however the restrictive conditions attached to the allocation contradict adopted and emerging policies within the Development Plan and prohibits the ability for a design led approach to optimise the development potential of the site and deliver both private and affordable housing. The inclusion of the conditions is country to both London Plan Policy GG2 and Local Plan draft policy SDSI. It is therefore considered, as set out in our Matter 13 comments, that the mid rise policy should either be amended to include this site, to reflect the Site's location, existing and emerging context and typology, removed or amended to reflect individual site circumstances and the requirement for 'small urban blocks' be removed.

Matter 13 – Achieving High Quality Places

Draft Policy LP4 (Tall and Mid-rise Buildings) restricts developments of above four storeys to areas either defined as mid-rise or tall building zones. Outside of these zones, part G states that 'proposals for mid-rise buildings will not be permitted outside of identified tall and mid-rise building zones'.

Within the emerging policy LP4 mid-rise buildings are defined as five storeys and over, and tall buildings are defined as seven storeys or over. As set out within the Regulation 19 representations, whilst it is acknowledged that the London Plan directs Development Plans to define and determine the location of 'tall buildings', which under the draft Local Plan is defined as seven storeys or over 21 meters, there is no requirement for LPAs to identify 'mid-rise' buildings.

Placing such a restriction which prohibits development to only four storeys does not comply with draft Policy SDSI which under part C sets out that new homes will be delivered by 'making the best use of land whilst ensuring that development densities are appropriate to the location and size of the site in accordance with Policy LP1'. In line with draft policy LP1 the location of buildings should 'optimise the potential of sites so that the layout and arrangement of buildings to ensure a high level of physical integration with their surroundings and consideration of broader placemaking'.

Furthermore draft policy LP4 is contrary to draft policy LP1 A1 and A2 which states that developments proposal must 'use a design led approach to optimise the potential of sites and ensure that the scale, massing and appearance of the

development provides a high quality, sustainable design and layout that enhances and relates positively to the prevailing local character and the emerging character’

Paragraph 14.33 of the emerging Local Plan sets out that opportunities for mid-rise buildings and notes that these should be generally concentrated within five different area types. This includes areas ‘alongside large-scale open spaces’, which in the case of Site Allocation OUT 3 (Springfield Hospital) does not appear to have been taken into consideration.

Springfield Hospital includes a proposed area of open space (new public park) equating to approximately 13 hectares and has significant level drops between circa 16m AOD and 24m AOD in the south west of the site. Therefore, in line with the LPA’s criteria for allocating mid-rise areas it is considered that the Springfield Hospital Site should be allocated within a mid-rise area.

It should also be noted that this policy does not provide any criteria for schemes which propose heights outside of identified areas to demonstrate acceptability. The policy should reflect the design lead approach which makes the best use of land whilst ensuring that development densities are appropriate to the location, typology, setting, size and emerging context of the site.

The restrictive nature of the mid-rise policy places undue constraints on the Site’s redevelopment which could in turn hinder the funds generated from surplus land being reinvested into the Trust’s EMP. Not only therefore would the restriction of building heights in this location to four storeys be contrary to the design led approach at both national and regional policy it may also hinder the Trust’s ability to bring forward the wider EMP. Adopting a design-led approach to schemes, where buildings heights and their associated impact in the context of their surroundings and broader placemaking would be tested as part any forthcoming planning application, would ensure developments are brought forward which complement the Site’s context whilst enabling funds to be generated to support the delivery of wider social infrastructure.

In order for the Borough to be able to diversify and respond to the borough’s needs over the next plan period there is a need for at least a requirement for the provision of ‘*unless robustly justified*’ to be included. Through the adoption of a criteria such of that used within Policy D9 (Tall Buildings) within the London Plan would allow developments outside of the identified mid-rise zones to bring forward taller development where it has been demonstrated through robust justification that they are of the highest design quality, do not give rise to unacceptable impacts and would be design-led in light of the Site’s context.

In summary, it is not considered that the mid rise policy included within draft LP 4 is justified against national or London Plan policy, local context or other policies within the draft policy. It is therefore considered, as set out in our Matter 13 comments, that the mid rise policy should either be amended to include Springfield Hospital, to reflect the Site’s location context and typology, removed or amended to reflect individual site circumstances.

Matter 20 – Green and Blue Infrastructure

Paragraph 147 of the NPPF states that inappropriate development is, by definition, harmful to the Green Belt and should not be approved except in Very Special Circumstances’. Paragraph 148 goes onto state that ‘when considering any planning application, local planning authorities should ensure that substantial weight is given to any harm to the Green Belt. ‘Very Special Circumstances’ will not exist unless the potential harm to the Green Belt by reason of inappropriateness, and any other harm resulting from the proposal, is clearly outweighed by other considerations’. Paragraph 149 goes onto to set out a number of exceptions to this, which includes under Part G the following:

1. 'Limited infilling or the partial or complete redevelopment of previously developed land, whether redundant or in continuing use (excluding temporary buildings), which would:
 - a. Not have a great impact on the openness of the Green Belt than the existing development; or
 - b. Not cause substantial harm to the openness of the Green Belt, where the development would re-use previously developed land and contribute to meeting an identified affordable need within the area of the local planning authority'.

Policy G3 (Metropolitan Open Land) of the London Plan states that MOL should be afforded the same protection as Green Belt and requires land designated as MOL to meet one of the following criteria:

- 1) it contributes to the physical structure of London by being clearly distinguishable from the built-up area
- 2) it includes open air facilities, especially for leisure, recreation, sport, the arts and cultural activities, which serve either the whole or significant parts of London
- 3) it contains features or landscapes (historic, recreational, biodiverse) of either national or metropolitan value
- 4) it forms part of a strategic corridor, node or a link in the network of green infrastructure and meets one of the above criteria.

As acknowledged within the Regulation 19 representations, part of the Springfield Hospital site continues to be designated as Metropolitan Open Land (MOL). Draft Policy LP53 (Protection and Enhancement of Green and Blue Infrastructure) of the emerging Local Plan states that areas identified as MOL will be protected, enhanced and made more accessible.

Any alterations to the boundary of the MOL should be considered during the Local Plan process and should be fully evidenced and justified in consideration of the purpose of including the land within the MOL as set out above. As raised within the Regulation 19 representations on behalf of the Trust, the wider Springfield Site benefits from outline planning permission which approved the comprehensive redevelopment of Springfield Hospital. The redevelopment of the Site includes the provision of a 13 hectare publicly accessible park within the MOL.

Concerns are raised that the emerging Local Plan fails to revise the MOL designation to reflect the development which has to date been permitted within the MOL under permission 2010/3703 (namely parcels P, Q, part of G, X, Y and Z).

In line with Policy G3 (Metropolitan Open Land) of the London Plan the current Local Plan review process provides an appropriate opportunity to refine the MOL boundary on the Site to account for the development parcels approved. It should be noted that the revision of the MOL Boundary would only be in relation to the development plots and the quantum of the proposed park and open space would remain subject to such designation. The MOL boundary should therefore be revised, in consultation with key stakeholders of the Site, to reflect the permitted development of parcels P, Q, part of G, X, Y and Z.

Other Observations

The remainder of these representations provide further observations to the following matters:

Matter 2 – Spatial Development Strategy: Delivery of Residential Accommodation

The draft Local Plan identifies a requirement for the borough to provide a minimum of 20,311 new homes during the plan period. As set out in representations submitted pursuant to the Regulation 19 consultation, the introduction of 'minimum' in the draft strategic policy is welcomed as it should be reminded that housing targets set are minimum targets and should not be considered maximums.

Within the Tooting area, of which the Springfield Hospital Site is located within, the capacity for new homes has been identified as 206 during the plan period. SWLSTG would encourage the LBW to clearly depict within the plan that again, these are minimum indicative requirements and do not set a prescriptive maximum quantum of development to be brought forward in one specific part of the Borough. We would therefore encourage the Inspector to direct LBW to include 'minimum' within any future policy relating to unit numbers to ensure where appropriate developments can come forward which optimises sites, in line with other policies within the plan. The Springfield Hospital Site presents an opportunity to ensure the most efficient use of this brownfield Site is achieved which would contribute to ensuring that the LBW can achieve their minimum housing targets set out above.

Matter 15 – Providing for Wandsworth's People

Draft Policy LP17 (Social and Community Infrastructure) of the emerging Local Plan states that the Council will work with its key partner organisations and developers to ensure that high-quality, inclusive social and community facilities and services are provided and/or modernised in order to meet the changing needs of the whole community.

Following representations submitted during the Regulation 19 consultation, the wording of draft Policy LP27 has been amended to state *'that for existing health or emergency service facilities, loss will only be permitted where facilities are declared surplus as part of a service transformation plan or estates strategy investment is needed in modern, fit for purpose infrastructure and facilities'*. The introduction of this is welcomed by the Trust and accords with London Plan Policy S2 (Health and Social care facilities).

Matter 16 - Affordable Housing

As previously set out in representations, provision of affordable housing across the Borough is supported by SWLSTG. Draft Policy LP23 (Affordable Housing) seeks to maximise the delivery of affordable housing in accordance with the London Plan. Part E of the draft Plan states that *'site-specific viability information will only be accepted in exceptional cases, as set out in Policy H5 of the London Plan'*. Part F of Policy H5 (Threshold Approach to Applications) states that where an application does not meet the criteria applications must follow the Viability Tested Route which requires detailed supporting viability evidence to be submitted. Policy H5 of the London Plan does not make any reference to or provide clarification on 'exceptional' circumstances where viability testing would be allowed. Whilst SWLSTG support the introduction of affordable housing, in line with the London Plan, proposals which do not meet policy compliant thresholds should be subject to viability. When assessing the viability of a proposal the wider social infrastructure (e.g. health care, education etc facilities) that are delivered as part of an application should be balanced appropriately with the provision of affordable housing.

Furthermore, it is also noted that within the main modifications proposed to the draft Local Plan, the Council seek to introduce the requirement for *at least 50%* low-cost rent products *with a balance* of other intermediate products. Similarly, to the above, whilst the delivery of social rented accommodation is supported by SWLSTG the provision of *at least 50%* low cost rent should be subject to viability. Ensuring that the provision of *subject to viability* is included in this revision will ensure consistency with the London Plan and enable wider social infrastructure and site specific development considerations to be taken into account when identifying the maximum provision of social rented accommodation on a site.

SWLSTG continues to welcome the inclusion of key worker accommodation within the social objectives within the draft Local Plan. We would further encourage LBW to recognise within the draft Policy the valuable contribution staff accommodation has on the delivery and operation of healthcare services. Whilst it is acknowledged that the LBW includes key worker accommodation in their social objectives, the policy currently makes no reference to ensure that any such provision of affordable housing is secured, where required, for key workers of the NHS.

Closing

We trust that the above responses to the questions raised by the Inspector are useful. We wish to maintain an active role in the emerging Local Plan process and request to participate, on behalf of the Trust, on the hearing days in relation to the matters set out above.

If you have any comment / queries please do not hesitate to contact Anna Russell-Smith [REDACTED] [REDACTED] or Nadine James [REDACTED] of this office in this first instance.

Yours sincerely



Montagu Evans LLP