

**Planning Brief**

**Finchley Memorial Hospital and Bow Lane Playing Fields**

**Finchley**

**N12**

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### **1.0 INTRODUCTION**

- 1.1 This brief sets out the key policy and development issues and key design principles, process and programme for the redevelopment of Finchley Memorial Hospital and use of the adjoining Bow Lane Playing Fields, Finchley, N12.
- 1.2 The brief is intended to provide a coherent planning framework and sustainable approach towards the future use and development of the two sites. The brief seeks to guide stakeholders, local people and other interested parties to comment on and help shape the future of the site, assist with determining acceptable forms for the redevelopment of the hospital and use of the playing fields and provide information to guide the type and content of future planning applications for the site.

### **2.0 THE SITE AND SURROUNDING AREA**

- 2.1 For the purposes of this brief, the hospital site and Bow Lane Playing Fields whilst currently in separate ownerships and use will be considered together and referred to as 'the site' and cover the area outlined in red on the site plan contained in Appendix 1.

#### **The Hospital**

- 2.2 Finchley Memorial Hospital is located at the junction of Bow Lane and Granville Road on a site of approximately 1.74 hectares. The hospital is in the Woodhouse Ward of North Finchley. The hospital provides both inpatient and outpatient services for a range of trusts including Barnet PCT, Barnet and Chase Farm Hospital NHS Trust, North West London NHS Trust and the Royal Free Hampstead NHS Trust. Consultants from Barnet, Northwick Park and the Royal Free Hospitals as well as specialist GP's, nursing and other health care professionals such as

Physiotherapists, Occupational Therapists, Podiatrists and Dieticians also hold clinics at the hospital. In addition a walk-in centre operates from the site offering a service for the treatment of minor injuries and illness.

The existing buildings measure a total of 4,950 sqm and the main hospital building comprises of a purpose built building which has a unique form and character although it has been subject to numerous extensions and alterations over time. The hospital buildings are located centrally within the site, with an area of surface car parking to the front and a small amount of open space to the rear.

The main hospital is an early 20<sup>th</sup> Century building built as a memorial to the First World War with a variety of extensions and some additional short life buildings. There are serious problems of condition with both the main building and the later buildings. Accommodation is poor and suitability is inhibited. There are numerous level changes throughout the building making access difficult. Many of the buildings generally are becoming unfit-for-purpose for a modern health facility.

### **The Playing Fields**

- 2.3 Bow Lane Playing Fields are located to the rear of Finchley Memorial Hospital with the main access onto Granville Road. The playing fields cover an area of approx 3.64 hectares wrapping around the back of the hospital building and partially fronting onto Bow Lane. The land is fenced and not publicly accessible and bounded by residential development. The playing fields have not been used for educational or recreational purposes for many years and although mown during the summer months are overgrown. The playing fields are in the ownership of the London Borough of Camden.

### **Surrounding Area**

- 2.4 The site is located within an established residential area in a tight knit suburban area. The properties on Bow Lane and Granville Road are predominantly two storey Edwardian terraced and 1930's semi detached dwellings. The properties to the east of the site are purpose built three storey flats and adjoin the recently redeveloped PDC centre. To the south of the site is Heatherdene Close a small cul de sac of modern terraced units and Our Lady of Lourdes (RC) Primary School.

## **History of the site**

### **Finchley Memorial Hospital**

- 2.3 The Hospital, founded in 1908 as Finchley Cottage Hospital, was built on two acres of land bought and donated by Ebenezer Holman, a local benefactor. It comprised, at that time, only two wards with a total of 18 beds and a small operating theatre. Following the 1914-18 war, the decision was made to enlarge the Hospital. This extension was intended to form a memorial to those who lost their lives in the conflict. Hence on completion of the work the Hospital was renamed 'Finchley Memorial Hospital'. It is therefore considered important that any replacement hospital should maintain this significant reference as the war memorial for the local community of Finchley.
- 2.5 The Hospital currently has 76 inpatient beds, 20 of which are allocated to Continuing Care patients of Dickens Ward. The remaining 56 inpatient beds on George Brunskill Ward (GBW) and Marjory Warren Ward (MWW) are utilised by patients requiring rehabilitation after treatment at an Acute Hospital. GBW specialises in stroke rehabilitation and MWW specialises in orthopaedic rehabilitation.

### **Bow Lane Playing Fields**

- 2.6 Bow Lane Playing Fields were previously part of the Inner London Education Authority (ILEA) estate. On the abolition of ILEA in 1990 the playing fields were handed over to the London Borough of Camden. The playing fields are maintained by Camden but have not been used for educational and recreational purposes for a number of years.

### **Accessibility**

- 2.7 The current main access to the hospital site is from Bow Lane with a secondary vehicular access off Granville Road (see appendix 1). The playing fields are accessed off Granville Road. A number of bus routes run in close proximity to the site most notably the 263 which stops at the junction of High Road/Granville Road. The nearest underground station is West Finchley just less than 1km (0.53 mile) from the hospital. The nearest mainline rail station is New Southgate, which is 2.53km (1.57 miles) away.

2.8 The accessibility of the site is indicated with the Public Transport Accessibility Level (PTAL). This rating measures the amount of public transport service available. The bottom part of the site has been assessed to have a PTAL of 1 with the Granville Road frontage having a PTAL of 2, 6 being the highest level of accessibility.

### **3.0 THE BARNET PCT INVESTMENT PROGRAMME**

3.1 Barnet PCT are seeking to develop a new community health facility/hospital in the heart of the borough to enhance borough wide access to health facilities which are currently focused to the north (Barnet General Hospital) and west (Edgware Community Hospital) of the borough. The decision to reprovide an enhanced health facility at the site has resulted from a detailed review of the PCT's estate and the healthcare needs of the borough.

3.2 Detailed funding for the hospital has not yet been finalised and whilst it is hoped that the full cost of the hospital may be raised, the financing of the new hospital provision, and therefore the successful delivery of the new facility, may be dependent on the sale of some surplus lands arising from the rationalization of the sites. The PCT have indicated that capital receipts from the sale of this surplus land could be augmented by other revenue streams and by prudential and short-term borrowing by the PCT.

### **4.0 RELEVANT PLANNING POLICY DOCUMENTS**

4.1 Relevant planning policies relating to the proposed development of Finchley Memorial Hospital and the Bow Lane Playing Fields are contained within:

- PPS1: Delivering Sustainable Communities (February 2005);
- PPS3: Housing (November 2006);
- PPG17: Planning for Sport and Recreation (July 2005)
- The London Plan (GLA, February 2004) and Proposed Alterations (2005 and 2006);
- Sustainable Design and Construction SPG (GLA, May 2006);
- Barnet Unitary Development Plan (adopted May 2006);
- Barnet's Affordable Housing SPD (adopted February 2007);
- Barnet's Emerging Local Development Framework (LDF);
- Barnet's Planning Obligations (S106 Agreements) Supplementary Planning Document (September 2006);

- Barnet's Sustainable Construction and Design Supplementary Planning Document (SPD) (Approved May 2007);
- Barnet's Draft Contributions to Life Long Learning Supplementary Planning Document (SPD) (2006);

4.2 The following Corporate documents also contain policies relevant to this site:

- Barnet's Three Strands Approach (Approved 22 November 2004)
- The London Borough of Barnet Corporate Plan 2007/8-2009/10
- A Sustainable Community Strategy for Barnet 2006-2016

Hard copies of these documents are available at the Planning Reception, North London Business Park, Ground Floor, Building 4 or electronically from the following websites:

- PPS's from [www.communities.gov.uk](http://www.communities.gov.uk)
- GLA documents from [www.london.gov.uk](http://www.london.gov.uk)
- Barnet documents [www.barnet.gov.uk](http://www.barnet.gov.uk)

## **5.0 PLANNING BRIEF PRINCIPLES**

### **Hospital and Health Care Use**

- 5.1 The proposals allow for the expansion and enhancement of health care provision at Finchley Memorial Hospital to serve the current and future needs of the community. This would involve the demolition of the existing buildings and the development of new buildings and facilities to provide primary care facilities and significantly enhanced community facilities in a modern accessible setting.
- 5.2 The proposals would require the development of the new community hospital facility on approximately half (1.8 hectares) of the disused open space forming part of the Bow Lane Playing Fields immediately behind the existing hospital as the current facility needs to be retained for operational purposes during the construction phase. The site would be future proofed with some space being retained for moderate future expansion.
- 5.3 The remaining area of playing fields would be retained as open space and provide for a range of public recreational facilities. Development options for community facilities including a community park and potential day nursery could be explored.

- 5.4 Part of the existing hospital site would be cleared to provide car parking and landscaping for the new hospital facility with the remainder cleared for possible 'enabling' residential development, to assist the funding of the health and open space facilities.

*Good Quality Design*

- 5.5 Good design is required by PPS1, the London Plan and Barnet's UDP (Policies GEnv2 and D1). The health care buildings should achieve an excellence in design and sustainability and a low carbon footprint to assist climate change objectives and provide the Borough with high quality interesting buildings that the community can be proud of.
- 5.6 The Council will require planning applications to be accompanied by a comprehensive Design and Access Statement setting out the design principles of the scheme and its interaction with the surrounding development and residential properties and demonstrating how the proposed enlarged facility would be accessible for disabled users and their carers.

*Site Layout*

- 5.7 The site is surrounded by traditional suburban and more recently constructed residential properties on all sides. These properties range in type and height from two storey semi-detached and terraced properties to taller flatted developments of four storeys or more. The siting of the hospital building and related facilities must have regard to the neighbouring residential properties as required by Policies D1, D2 and D3 of Barnet's UDP. The development must be laid out to safeguard the security of the neighbouring properties (see Amenity/Security/Safety below) and minimise disturbance from car parking and servicing.

*Scale and Massing*

- 5.8 In accordance with UDP Policies D2 and D5, new development should respect the prevailing character in the area and have regard to appearance and scale of surrounding buildings. The building type in this location ranges from mainly two storey dwellings to some taller flatted development with the lower suburban housing being particularly sensitive in the context of the site. Any new development would need to be appropriate to the suburban character of the surrounding area and respect the neighbourhood constraints. Proposals must ensure adequate daylight

and sunlight for adjoining homes and avoid excessive overshadowing of gardens. Heights of new buildings and proximity to existing suburban housing shall respect occupier's amenities and not impinge in any significant way on outlook and aspect.

### **Playing fields**

- 5.9 Whilst the adopted UDP contains policies in support of the provision of new primary health care facilities (policies CS10 and CS11) this must be considered against the potential loss of open space (albeit to the provision of enhanced primary health care facilities and possible 'community park').
- 5.10 Policy L17 of the UDP resists the loss of sports grounds or playing fields and is further reinforced at a national level by Planning Policy Guidance Note 17 – sport and recreation (PPG17). Any development on playing fields would have to be fully justified in policy terms or the existence of 'exceptional circumstances' demonstrated e.g. the wider health and community benefits.
- 5.11 PPG17 attaches significant weight to the retention of recreational and amenity open space in urban areas. It advocates that playing fields should normally be protected, except where:
- Sport and recreation facilities can be best retained and enhanced through the redevelopment of a small part of the site;
  - Alternative provision of equivalent community benefit is made available; or there is an excess of sports pitch provision in the area.
- 5.12 A detailed justification for developing on the playing fields or a case setting out 'exceptional circumstances' would need to be submitted with any application.

### **Non-Community Uses**

- 5.13 The financing of the new Hospital may in part be dependent on the sale of surplus land subject to the funding achieved by the PCT and the final build costs. If this is the case it is considered that the most appropriate alternative use for the existing hospital site will be for residential purposes given the compatibility of the Hospital use with housing and the proximity of other residential uses.



## Potential Enabling Development

- 5.14 Any enabling development must be fully justified in terms of necessity in enabling the delivery of health, community or public open space/sports facilities only. Enabling development must pass strict tests of viability in terms of supporting the 'public benefit' accruing from the site. Low density family houses are considered the most compatible form of development given the character of the surrounding area. Flatted development is unlikely to be considered favourably given the nature of Bow Lane.

### *High Quality Design and Layout*

- 5.15 The development should respect the remaining playing fields to the south of the site and not detrimentally impact on the character or openness of this area. Any development should respect the adjoining residential properties in terms of character, appearance, scale, bulk, height and the pattern of development, in accordance with UDP Policy. A continuation of the existing low density family housing along the Bow Lane/Granville Road frontages may be considered appropriate. New development should respect the layout of nearby properties. UDP Policy H17 requires that there sufficient distances should be maintained between facing windows to habitable rooms.
- 5.16 Parking should be well-integrated and it should not dominate the streetscape of the new development by creating significant areas of hard surfacing.

### *Scale and Massing*

- 5.17 Barnet's UDP states that residential development will be considered in terms of the proposal's impact on its surroundings (Policy H2); proposals should also harmonise with and respect the character of the area (Policy H16). The development should respect the playing fields to the south of the site and not detrimentally impact on the character or openness of this area. The predominant buildings in this location are two storey residential dwellings which are suburban in character. New development should respect this scale and character in accordance with UDP standards and strand 2 (enhancement) of the Three Strands Approach. It must ensure adequate daylight and sunlight for new and adjoining homes and avoid excessive overshadowing of gardens.

- 5.18 Density is one of the indicators applied to assess the acceptable quantum of development. In respect of the density of development, a design-led approach should be adopted. The quality and character of the development of the site should have regard to density policies in the London Plan (Policy 4B.3), the Barnet UDP (Policy H21) and the character of the surrounding area.

#### *Dwelling mix*

- 5.19 The London Plan (Policy 3A.7) requires that at a strategic level, 50% of new housing should be affordable which is reflected in UDP Policy H5 and the draft Affordable Housing SPD. In addition, Policy GH2 and H4 require that a sustainable mixed range of housing is provided. Where 10 or more dwellings are proposed on the site the proposals should accord with the UDP and SPD.
- 5.20 Affordable housing obligations will only be reduced where there is a clear justifiable planning case and exceptional circumstances to support wider health, community or public open space benefits.

#### **Open Space, Trees and Landscaping**

- 5.21 The strategic policies of the UDP require all new development to respect and improve the quality of the environment (Policy GBEnv2), and preserve and enhance open spaces and nature conservation features (Policy GBEnv4). The environment of the hospital grounds should be enhanced through landscaping and tree planting. These areas should be planted with species that enrich the biodiversity of the area and help screen new development from its neighbours. There is the opportunity to use new tree and scrub planting to screen new development from neighbouring homes and to increase the nature conservation interest of the area.
- 5.22 Full landscaping plans, a baseline ecological survey and a tree survey, if required, should be submitted with any planning application. Where possible existing trees of high amenity value should be retained on site.

#### **Transport and Accessibility**

- 5.23 Vehicular and pedestrian access for the Hospital must be from Granville Road only with an enhanced access point. Secondary pedestrian accesses from Bow Lane should also be retained. Car and cycle parking provision should adhere to the London Plan and the Barnet UDP as follows:

- provision for car parking for any health use should be assessed on a case by case basis, considering child safety and segregation of pedestrians and vehicles; and
- provision for cycle parking should be appropriate to the development proposed.

5.24 Additional consideration should be given to encouraging the use of alternatives to the private car in association with the new health care use. In particular, pedestrian accessibility to the site could be enhanced. Cycling and walking to the site should also be encouraged.

5.25 A planning application for the new hospital should be accompanied by a Travel Plan which details the measures to be taken. Any development proposals should be accompanied by a Transport Assessment which sets out the likely impacts and any necessary mitigation measures.

#### **Amenity/Security/Safety**

5.26 New development should seek to respect existing residential amenity (UDP Policy D5). A Daylight/Sunlight Assessment should be submitted with any planning application to identify that residential amenity of existing residents will be safeguarded.

5.27 Community safety and designing out crime are key objectives for all new development particularly for schools and public open space. UDP Policy GBEnv3 and D9 require all developments to provide a safe and secure environment. New developments should reduce opportunities for crime and the fear of crime. Natural surveillance and overlooking of public areas should be maximised, entrances should be visible from the street and careful consideration should be given to the landscaping of the proposals.

5.28 Security measures should meet Secured by Design criteria and where appropriate CCTV shall provide coverage for the hospital, new homes and the enhanced open space/recreational facilities.

## **Accessibility**

- 5.29 London Plan Policy 4B.5 requires all developments to create an inclusive environment; accessible development is also a key strategic policy of the UDP (Policy GBEEnv5). The policy is further amplified by Policy D8 and CS4 which require community buildings to provide suitable access and facilities for people with disabilities.

The design of the hospital building and health care facilities will need to take account of the needs of all relevant stakeholders.

## **Sustainable Design and Construction and Energy**

- 5.30 Sustainable development is central to all policies in the London Plan, Barnet's UDP and the Council's approved Sustainable Construction and Design SPD. London Plan 2A.1 sets out a number of key criteria and Policy 4B.6 promotes the highest quality sustainable design and construction (Policy 4B.6). The GLA's SPG on Sustainable Design and Construction (May 2006) seeks to encourage the incorporation of sustainable design and construction principles.
- 5.31 The Barnet UDP states that a key aim for the Council as set out in its Corporate Plan is to create a sustainable, healthy environment, which means integrating environmental, social and economic policies to promote a more just and equitable society. UDP Policies Env1 and Env2 support and encourage proposals for energy production from renewable sources and energy efficient development and the Council's approved Sustainable Construction and Design SPD provides further guidance on these issues. Appropriate renewable energy technologies should be fully integrated within development proposals to provide at least 20% of the buildings' energy demands (the Proposed Alterations to the London Plan proposes that the current 10% target is increased to 20%). Layout, design, landscaping and materials are all important in minimising energy use and creating sustainable development. Furthermore, new developments are required to meet high standards of energy efficiency and a national Home Energy Rating (NHER) of 8 and comply with the BREEAM Ecohomes standard of very good.
- 5.32 The comprehensive redevelopment of the hospital offers a unique opportunity to provide an 'exemplar' sustainable health development and associated buildings and uses, including carbon free housing where appropriate. The Council would be

seeking the optimum effort and innovation in reducing carbon emissions and providing high quality energy efficient buildings.

- 5.33 An Energy and Sustainability statement should be submitted with any proposal to indicate the sustainability measures included in the development.

## **6.0 APPLICATION REQUIREMENTS**

### **Pre-Application Advice Service**

- 6.1 Barnet Council offers an innovative pre-application advice and planning brief service to advise (in particular with major and complex developments) customers through the complexities of the development control planning system. Charges apply and a multi-disciplinary team of dedicated technical and environmental officers is on hand to assist. For further information contact the Council's Major Projects Unit within the Planning and Environmental Protection service.

- 6.2 It is expected that all applications will go through this process to front load proposals at an early stage and to maximize community engagement. Formal submission without pre-application discussions will be considered within the strict government timescales for determining applications and are likely to be refused if unacceptable.

### **Type of Planning Application(s)**

- 6.3 The Council considers that proposals for the hospital building and health care facilities should be the subject of a detailed planning application. Outline planning applications will not be acceptable.

### **Supporting Information**

- 6.4 Each planning application will need to be supported by the following information:

- a Planning Statement;
- a Design and Access Statement;
- an Energy and Sustainability Statement;
- a Transport Assessment;
- a Flood Risk Assessment;
- a Sunlight and Daylight Assessment;

- a Tree Survey, in accordance with BS 5837:1991 'Guide for trees in relation to construction';
- a baseline ecological survey; and
- a Construction and Traffic management Method Statement, setting out how potential adverse noise, air pollution and traffic impacts are to be minimised during demolition and construction phases.

### **Environmental Impact Assessment**

6.5 Depending on the nature and scale of the proposals, prospective applicants will be encouraged to seek a screening opinion from the Council, under the provisions of the Town and Country (Environmental Impact Assessment) (England and Wales) Regulations 1999, to determine whether an Environmental Impact Assessment is required.

### **Planning Obligations (S106 Agreements)**

6.6 In accordance with Government guidance, UDP Policy IMP1 and the Council's SPD on Planning Obligations (September 2006), the Council will seek planning obligations/contributions to secure high quality sustainable development. The planning obligations/contributions will need to take account of the nature and scale of the proposals, but may include:

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- the implementation of a Travel Plan;
- open space, sports and recreation provision and/or enhancement;
- community park (including funding for future maintenance);
- traffic management and movement measures;
- the incorporation of appropriate energy, sustainability and/or biodiversity measures;
- the delivery of 'affordable housing';
- community safety and designing out crime measures;
- the delivery of 'lifetime homes' and 'wheelchair housing';
- contributions towards new education and health provision as relevant to the residential development; and
- contributions towards S106 monitoring and enforcement of conditions.

6.7 Construction companies undertaking work at the site will be required to enter into the Council's 'Considerate Contractor Scheme'.

## Consultation

6.8 Consultation with the local community will be encouraged at all stages of the planning process. The Council will discuss with applicants the appropriate time for an emerging scheme to be considered for a Planning and Development Forum (which will be prior to the submission of an application)

## 7.0 CONTACTS

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