



SPD

Supplementary Planning Document
London Borough of Merton



Appendix C Statement of Community Involvement

Nelson Hospital

Adopted | January 2007



Statement of Community Involvement

Introduction

This statement has been prepared in compliance with The Town and Country Planning (Local Development) (England) Regulations 2004, for the preparation of Supplementary Planning Documents to the emerging Local Development Framework.

The Consultation Strategy for the Nelson Hospital SPD consisted of two phases; the first being an Issues and Options consultation, carried out prior to writing the brief. This was carried out at a public exhibition on 26th March 2006. The responses from this event were used to inform the content of the planning brief.

The formal public consultation on the draft brief was undertaken between 28th August and 6th October 2006. This consisted of the following:

- A copy of the brief was made available for inspection at the Council offices between 28th August and 6th October 2006 (6 weeks)
- Copies of the brief were made available for inspection at Morden Library, Wimbledon Library, Raynes Park Library and Merton Civic Centre between 28th August and 6th October 2006 (6 weeks)
- In addition, display panels highlighting the key proposals for the brief were displayed in Merton Civic Centre, Wimbledon Library, Raynes Park Library and within the Nelson Hospital between 28th August and 6th October 2006 (6 weeks)
- Downloadable PDF versions of the brief and display panels were placed on the Council's website on 28th August 2006 with a deadline of 6th October (6 weeks) to make representation on the brief. The electronic documents have remained on the website for reference purposes.
- A public exhibition of the proposals took place at the John Innes Society Coach House in Merton Park on 19th September 2006. The event was attended by approximately 60 people, representing local residents, businesses and the PCT.
- Notice was placed in the Wimbledon Guardian on 24th August 2006 advertising the availability of the brief for public comment. A copy of the notice can be found at Annex 1 of this document.
- Letters were issued to residents within 500m of the site (400 properties), informing them of the consultations. In addition, Merton Park Residents Association issued approximately 500 leaflets to advertise the consultation and public exhibition.
- Letters and copies of the draft brief were posted out on 28th August to statutory consultees, local ward members, residents associations and the Sutton and Merton Primary Care Trust

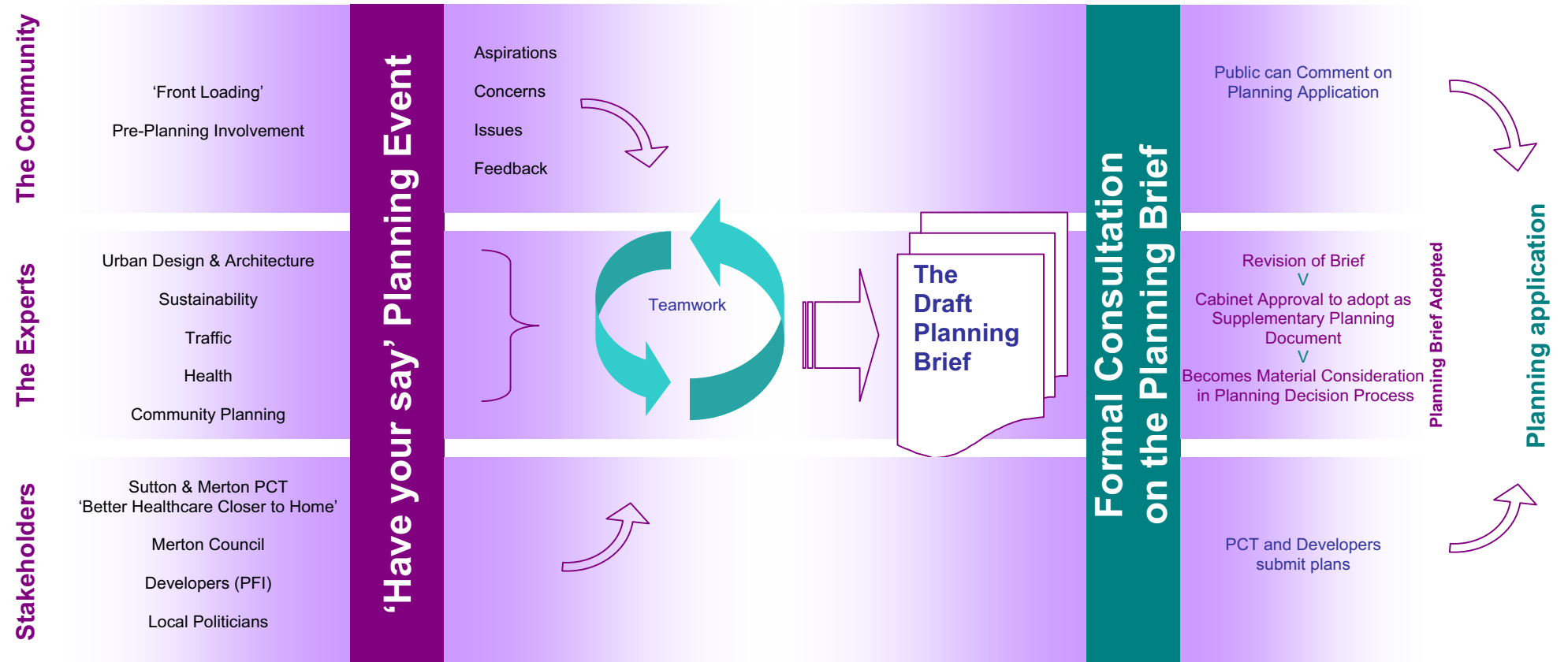
A table summarising respondents' views on the brief and the Council's response is attached overleaf.

Indicative timeframe:

March 2006

August-October 2006

January 2007



Summary of Representations

Nelson Hospital | Draft Planning Brief | Formal Consultation 28th August – 6th October 2006

Reference	Summary of Comments	Officer's Comments
SPD NH 1	<ol style="list-style-type: none"> 1. I am I'm pleased to note the re-siting of the west bound bus stop, but am a little concerned that the junction with Merton Hall Road could be even more difficult for traffic leaving Merton Hall Road to negotiate – particularly turning right. 2. Could the east bound bus stop be moved closer to the crossing? 3. I'm also concerned that traffic leaving the Rush will find their sight lines restricted by the bend in Kingston Road. 4. Will the planned parking bays have a time limit? 5. What provision will there be for a drop-off zone for taxis and mini buses? 6. Is the pavement on the south side of Kingston Road along side the site to be widened? 7. I hope the rapid response light change at the crossing remains. If only more such crossings could show such respect to pedestrians we would have fewer "jay walkers". 	<ol style="list-style-type: none"> 1. In consultation with the Council's Highways team, the proposals pose no greater threat than what currently exists on that stretch of Kingston Road. 2. There may be plans in the future to relocate the crossing and will be considered as detailed plans are formed for the Nelson site. 3. Noted, However sight lines exiting onto Kingston Road are clearer than previously 4. Any change in parking regime is decided by Highways and Parking. Currently, there are no proposals to change the parking limits. 5. There are now revised drop off positions at the front of the hospital, accessed from the Rush with exit onto Kingston Road and the Hospital car park. 6. Alongside the Rush, the pavement will be widened. 7. Noted
SPD NH 2	<p>In general we very much welcome the ideas put forward in the document, but raise the following points:</p> <ol style="list-style-type: none"> 1. Please ensure that all local businesses are given a copy of this document [SPD] to comment upon 2. Please comment on how the Kingston Road and Richmond Avenue junction will be managed in terms of traffic flow, if one of the hospital entrances is to be situated at this point. Presumably traffic lights will be sited here to allow residents of Richmond Avenue to vacate their road. 3. The suggested row of new trees to be planted along the Merton Park Parade side of the Rush will obscure the view of our business premises to passers-by, and hence have a detrimental effect on our income. I for one, already suffer this partly, during the summer months, as a result of the two large trees that are currently on The Rush. Planting more will ruin this facet of our new trade. I bought the premises because of it's location, and it's value will be significantly reduced if more trees are planted, so I oppose this proposal vehemently. 	<ol style="list-style-type: none"> 1. All businesses on the Rush were informed of the brief during consultation. 2. There are no plans to install traffic lights in this location. There is already an entry-exit to the car park in this location. The brief proposes moving the existing access slightly. In consultation with Highways, this was not deemed to be a problem. 3. This has been revised and agreed. There are already substantial trees on the Rush that will be protected in the redevelopment.

	<p>4. The council have only in recent years implemented parking restrictions around the Rush and along this region of Kingston Road. Generally it seems to work for residents, businesses and customers, but only just! By removing bays, people will have less chance to park close to their homes/ businesses, and chaos will ensue. Please do not remove parking opportunities, but add to them to ease some of our current problems.</p> <p>5. Please ensure that if parking meters are retained, they have the ability to accept money before the allotted restriction time starts. Currently it is not possible to buy a ticket before 10am. If you have a 9.30 appointment, it is impossible to get to the meter and purchase a ticket half way through a treatment, hence you run the risk of a penalty notice, even if you have been willing to buy a ticket beforehand.</p>	<p>4. The Rush currently has capacity for 15 vehicles to park legally. With the introduction of right angled parking, this figure remains. There is no loss of available parking capacity.</p> <p>5. Noted, and comments passed onto Parking Services. This cannot be addressed through a planning brief.</p>
SPD NH 3	<p>Inevitably, my comments focus on the changes I would like to see in the Brief, but I would like to stress that in general the Brief seems to me to be an excellent basis for the consultation process, and clearly has taken into account the comments you have received earlier.</p> <p>1. I am pleased that you have stated that the maximum height of the building will be no higher than that of the current pavilion blocks, but the second bullet point in 4.7 could state this requirement more clearly.</p> <p>2. The current building steps down to a single storey at the rear, and I would be most unhappy if we were to be more overlooked than we are now, by a second storey. I am asking you to be more specific and restrictive in your Requirements in 4.7 than you currently are, so that this section and your proposals map clearly mirror your page 15 diagram to ensure that the rear of the building steps down to a single storey as now.</p> <p>3. Paragraphs 3.10 and 4.6 mention the desirability of retaining the Lodge, even if this is not an absolute requirement. However, no mention of this is made in the Requirements in 4.7. I believe this should be included in the first bullet point there, along with the references to the retention of the 4 pavilion blocks, as your words in 4.6 indicate that it "should be retained", which sounds more than just an aspiration as the heading to 4.6 might imply.</p> <p>4. In the bullet point in 4.7 about car parking, and in section 9, there are no mention of any requirements for shielding the car park from Blakesley Walk and the end of</p>	<p>Noted</p> <p>1. Para 4.7 does say that the building should be no higher than the current blocks. However, paragraph has been rephrased to state both the ridgeline requirement and maximum height of three storeys.</p> <p>2. I agree that the proposals map and 3D modelling are in parts, inaccurate regarding the rear heights of the existing hospital. This has been corrected in the final draft.</p> <p>I accept that parts of the existing hospital are single storey, however it is not feasible to limit future development to single storey. The previous planning application granted for the Nelson has already set the precedent for a 2 storey building on the site. (With hipped roof, which is again, similar in height to the existing pavilions) Provided that the Council's standards of daylight and privacy are applied, then two storeys to the rear of the building would be acceptable.</p> <p>20m is an appropriate privacy distance between facing windows of habitable rooms. The distance between the proposed hospital building line and rear of residential properties on Manor Gardens is 23-25m, and is greater than the 'front to front' distance on Manor Gardens, 21m. Therefore residents of Manor Gardens are no more overlooked by development than they are at the front of the houses. The hospital would not overshadow gardens as properties backing onto the hospital are north facing, the gardens would be shaded by the residential properties, not the hospital building. With regard to protecting privacy in the gardens, it is proposed that the landscaped boundary of the site be retained and enhanced where needed.</p> <p>3. The Lodge does not feature in the Conservation Area Character Appraisal, and publicly, there was mixed feelings over its scale and presence on Kingston Road, when compared to the other four blocks. Therefore the retention of the lodge is an aspiration, not an absolute requirement, Therefore there is no mention of the Lodge in 4.7 Requirements.</p> <p>4. Agreed, Changes made to section 3.22 in the revised brief</p>

	<p>Manor Gardens. This shielding is currently provided by the buildings adjoining Blakesley Walk, which will be demolished under the development plan, a solid high fence and, at the end of Manor Gardens, a row of (pot-planted) trees. I would very much like to see in your document a requirement that there should be at the very least a solid fence or wall together with a landscaped buffer between the car park and Blakesley Walk.</p> <p>5. It seems premature to say without any qualification in the 3rd bullet point in 4.7 that a new landmark block should be constructed (on the western site, currently the car park), given no evidence of any need for this amount of additional space. Would it be better to add the phrase “if required”?</p> <p>6. The re-design of The Rush (bullet points 6 & 7 in 4.7, and 3.27 – 3.34) is attractive, but I am concerned about the practicability of the road plan.</p> <p>Is the road wide enough for service vehicles and delivery lorries to pass each other? If not, won't traffic trying to enter the Rush back up onto Kingston Road and start to cause congestion there?</p> <p>How will the double-parking which appears to be an endemic problem in the Rush be prevented?</p> <p>Shouldn't there be some provision on Kingston Road at the Rush hospital entrance to enable cars/taxis etc to drop patients off and pick them up there? Otherwise, they are highly likely to continue to use the Rush for this purpose. Where in The Rush will cars/taxis etc be able to stop without causing hold-ups? And how will they turn round to get back out into Kingston Road?</p> <p>As I'm sure you know, the residents of Watery Lane and Manor Gardens sometimes have considerable difficulty of access through the Rush in both directions, and I would hope that any change in road design would improve matters here rather than make them worse.</p> <p>7. I presume the “public realm improvements” in the 5th bullet point of 4.7 include the straightening of Blakesley Walk between Kingston Road and Manor Gardens. It appears from your map that there will be a new section of Landscaped Buffer alongside the end house in Manor Gardens (no. 28). Shouldn't this be identified as a new area rather than being included within the retained buffer as shown on your map? Will this land, which is currently public land as part of Blakesley Walk, be transferred to become hospital land, and if so, on what terms? Will the tapering shape of this section be practicable to develop and maintain as a landscaped buffer?</p> <p>8. I believe the houses in Manor Gardens and other roads to the South and West of the site are a decade or so older than stated in 2.7. The original lease for our house dates from 1913.</p>	<p>5. The 3rd bullet on 4.7 does not refer to building on the current car park. It refers to the building which should terminate views south from Merton Hall Road – adjacent to the Rush.</p> <p>In the absence of any space requirements from the PCT, the brief has been written on the assumption of providing a maximum built volume for the site. It is of course conceivable that the PCT may not need all the space proposed in the brief. The intention of the brief is to set maximum parameters for the development.</p> <p>6. The road is 6m wide, allowing two vehicles to pass, and for 90' parking.</p> <p>Parking problems on the rush, aren't down to hospital parking, or even public parking, but rather local businesses taking up road space by parking illegally. This does need more enforcement, but cannot be done through a planning brief</p> <p>Considered in the Rush redesign</p> <p>Noted and considered in the redesign of the Rush</p> <p>7. Yes this does include straightening of Blakesley Walk, which is expanded on in the Blakesley Walk section of the brief.</p> <p>Mapping updated to show 'new landscaping'</p> <p>Maintenance will be dealt with through s106 agreement, negotiated at a planning application stage.</p> <p>8. Noted. Dates used in 2.7 were estimated, based upon historic mapping which are often produced 10-15 years apart. 2.7 will be updated to reflect this.</p>
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SPD NH 4	<ol style="list-style-type: none"> 1. I like the idea of greening up the Rush 2. The site appears to be very limited in size. The row of houses between the Hospital car park and Cannon Hill Lane are old and don't appear to have any special merit. I have heard people say that they shake when lorries pass, so it cant be much fun living there. Would it be possible buy them and incorporate with the hospital site? 	<ol style="list-style-type: none"> 1. Noted 2. The site is constrained, but there is no indication of need, nor desire to purchase adjacent properties. The planning brief does not propose any compulsory purchase.
SPD NH 5	<ol style="list-style-type: none"> 1. We are very concerned about the trees at the bottom of our gardens as they preserve the tranquillity and general aspect of our community. Accidents can happen and we have always been vigilant on this matter. The proposed car park seems to be like a looming building horror scenario. Is an underground car park really necessary? 	<ol style="list-style-type: none"> 1. The underground car park is an option, not a necessity. The need will depend on how many staff and patients the PCT propose to locate on the Nelson site. This information is not available from the PCT at this stage, but will be considered at a planning application stage. Merton's Tree Officer will be consulted on any plans which are likely to affect any TPOs.
SPD NH 6	<ol style="list-style-type: none"> 1. Residents of Manor Road are very concerned that the trees at the bottom of the existing car park ARE NOT TOUCHED. They provide and invaluable barrier and are the reason many of us choose the place to live. 2. We are also concerned about the noise involved in putting in a basement car park at the back of our properties – WE DON'T WANT YEARS OR MONTHS OF DISRUPTIVE NOISE. 	<ol style="list-style-type: none"> 1. Noted. Most of the trees in the car park are protected by TPO, and the brief does not propose building up to the edge of the site. The existing landscaped buffer will remain. 2. As with any development, the Council's code of practice for demolition and construction will apply.
SPD NH 7	Thank you for this presentation – please keep things going!	Noted
SPD NH 8	<ol style="list-style-type: none"> 1. Is the removal of the bus stop to The Rush wise? Consideration should be given to leaving it where it is, and providing an additional entrance to the Hospital just behind it. 2. "Potential for basement parking". Almost certainly (to judge from other recent local projects) basement parking will be needed, whatever NHS say now. They are, frankly, not too good on parking issues (note the absence of parking provision when the Church Lane doctors' surgery was redeveloped some years ago). Plan for basement parking right from the start, and charge an economic price for parking there. 	<ol style="list-style-type: none"> 1. It has been agreed in conjunction with Highways and Transport Planning that relocation of the bus stop has more benefit to bus users, particularly those travelling to the Hospital and Rutlish School. 2. The underground car park is an option. The need will depend on how many staff and patients the PCT propose to locate on the Nelson site. At the very least, our principal is that all the hospital's parking needs must be met on site. This may be basement or deck parking, and will be dealt with at a detailed planning stage.
SPD NH 9	<p>It's tight site for a large development but I approve of the retention of the Kingston Road frontage buildings & wall and the enhancement of The Rush. I have concerns regarding the trees as follows:</p> <ol style="list-style-type: none"> 1. The TPO should be updated and the locations of the trees correctly located and a schedule of their sizes and canopy spread included (which Tree wardens could do this if Rose or Nick do not have the time or finance for it). 2. The brief should show the Root Protection Area of each tree worthy of retention as BS5837 Trees in Relation to Construction, to ensure the trees can be protected from future designers' ambitions for the site. (Otherwise the levels at which the 	<p>Noted</p> <p>Noted – but can be dealt with at pre-application advice stage</p> <p>Noted- but can be dealt with at pre-application advice stage</p>

	<p>existing trees are growing should be included in the Brief, which is difficult at such an early stage).</p> <ol style="list-style-type: none"> Basement parking would conflict with the retention of trees on the west part of the site. A multi-deck open topped car park to maximise car space might be a better option. The 2no Tree of heavens on the Rush which are a great asset to the area are growing at a higher level, so the area cannot be flattened if they are to be retained. And grass may not be the best surface material because of the heavy usage the area will attract. <p>Thank you for your direct method of response which makes residents / groups feel heard.</p>	<p>Noted – and the deck option has also been included in the brief. However much depends on the PCT deciding</p> <p>Noted – there is scope to retain the wall on Kingston Road, and remove the remainder to protect the roots, and still provide a more accessible space. This will be considered at the detailed design stage in conjunction with Tree Officers.</p> <p>Noted</p>
SPD NH 10	<p>As residents of Manor Road we are concerned about the development of the Nelson Hospital</p> <ol style="list-style-type: none"> The Car Park is closed at present at night, which firstly protects our properties from burglaries at the back. Generally the area is peaceful and quiet at night There have been two occasions in the past 12 years where lighting has glared into our windows at night. In both occasions, the lights were redirected after complaint. We are concerned about security and lighting which penetrates the tree canopy very easily, moreso in winter. We are also concerned at noise levels at night. I am concerned at damage to tree roots in the development of the underground car park. 	<ol style="list-style-type: none"> Noted, but an issue for the PCT on how they secure their site Noted Noted Noted Noted, deck parking option also added should basement parking prove difficult (but not impossible) on the site
SPD NH 11	<ol style="list-style-type: none"> Behind 20 Manor Gardens I think, there is a gap in the "Landscaped Buffer to be retained". As it is drawn on the map it is continuous. Does that mean that it will be continuous in the future, or is it just a drafting error and the buffer will be left alone and not filled in? Obviously it would be better for us if this buffer were continuous so we were screened from the hospital. 	<ol style="list-style-type: none"> It is intended that if there are any gaps in the landscape buffer, that they be filled in, to protect privacy from the residential properties and the hospital Noted
SPD NH 12	<ol style="list-style-type: none"> First and foremost, I think this is an excellent document which has done a superb job of reconciling the various conflicting views and demands, and provides every possibility of lasting improvement to the locality, for the benefit of all. Emphasis is placed on minimising negative impacts on Manor Gardens, The Rush, Kingston Road... but no mention of Watery Lane. I feel strongly that there should be at least the same kind on requirement and consideration concerning the impact of the new building on watery Lane. It has been generally recognised for many years that Watery Lane is totally unsuitable for service vehicles. Whilst it is clearly desirable for the service entrance from The Rush to be limited in width, this does not necessitate the continued use of Watery Lane. I feel strongly that the Watery Lane access to the hospital must be closed, and the opportunity be taken to improve the area, as is taken for Blakesley Walk and The Rush. This should be by extending the holly hedges and tree planting to obscure the hospital buildings. I support the proposal to widen Blakesley Walk but would like to see the line and 	<ol style="list-style-type: none"> Noted Noted. Consideration is given to Watery Lane in the revised brief, in particular, the side service entrance to the hospital, and trees to the rear of the car park. Service access from Watery Lane has been revised Noted, and considered for housing Noted. Floor treatments will be considered at the planning application stage.

	<p>character of the original historic route maintained within the widened boundary, either by use of traditional hard and soft landscaping or modern design features.</p> <p>6. I strongly support all aspects of the proposals for The Rush, but would like the design to create a strong distinction between the 'historic' Rush and entrance to the hospital, rather than become a single entity. This could perhaps be achieved by use of block paving, reminiscent of cobblestones, along the line of original lane.</p>	<p>6. Noted. It is envisaged that the Rush be a place in its own right, rather than just being the entrance to the hospital. Detailed designs at the planning application stage will deal with this, although the brief does give an indication as to how this might be achieved.</p>
SPD NH 13	<p>1. May I thank you for putting on and manning the open exhibition at the John Innes Society Coach House, which was very well attended and made the brief accessible to a large number of local people.</p> <p>2. The reaction to the brief is generally favourable and I would like to thank you on behalf of the local community for all the work and care taken over its preparation.</p> <p>3. The amenities and outlook of the residents in the new conservation area (Manor Gardens) must be preserved. It is felt that the height and massing of the rear of the buildings could overlook and overshadow their homes and gardens, and further reductions in height, massing and proximity are needed.</p> <p>4. There is a worry that the design of The Rush, although attractive, will not allow adequate vehicular access for the residents of Manor Gardens and Watery Lane. The main concern is that drivers cannot turn around in the Rush without obstructing Watery Lane, or having to turn at Manor Gardens.</p>	<p>1. Noted</p> <p>2. Noted</p> <p>3. Heights and separation distances have been revised, however it is not possible to simply restrict the heights to single storey at the rear. The brief's proposals are within planning policy guidelines for securing standards of privacy and overlooking.</p> <p>4. The Rush layout has been revised. The carriage way is 6m wide, allowing vehicles to pass, and for right angled car parking manoeuvring. The hospital will have an access off the Rush, which could be used for a 3 point turn, or alternatively, drive through the hospital's drop off zone and back onto Kingston Road.</p>
SPD NH 14	<p>1. I am really encouraged by this planning brief, which seems to seek to retain the character of the area while building in possibilities for improvements.</p> <p>2. I am a little concerned, though, that in the brief's requirements, section 4.7, the retention of trees and green border to the south of the site is mentioned to protect the privacy of residents of Manor Gardens and Watery Lane but nothing is specified about retaining the trees on the west of the site to protect the privacy of residents of Cleveland Avenue. Is that because the Tree Protection Orders provide guarantee of the retention of the trees there?</p>	<p>1. Noted</p> <p>2. Trees to the west of the site are protected by Tree Preservation Orders, therefore they'd be protected anyway. The TPO section of the brief makes this clear.</p>
SPD NH 15	<p>1. My main concern is the height and design of any new building on what is currently the car park.</p> <p>2. The proposed entrance/exit for traffic into Kingston Road and particularly to let vehicles turn right onto Kingston Road is potentially hazardous and would hold up traffic on an already very busy road.</p>	<p>1. The building on the car park, is only an option, should the PCT need additional space. At the moment this information is unavailable. However, the brief sets out that in principle, a building in this location would be acceptable. In addition, the proposed scale and height is acceptable for the site.</p> <p>2. There is already an exit from the car park onto Kingston Road, therefore the situation would be no different to what exists at the moment.</p>

SPD NH 16	<ol style="list-style-type: none"> I am concerned at the excavation for an underground car park. The vibration caused by digging would cause serious structural damage to the properties surrounding the hospital site. 	<ol style="list-style-type: none"> Noted. As part of a detailed planning application (should underground parking be proposed) the PCT's architects will be expected to assess if there is any risk of damage.
SPD NH 17	<p>Although overall we support the draft planning brief for the Nelson Hospital, we are concerned about certain points, as outlined below:</p> <p>The Rush</p> <ol style="list-style-type: none"> We support the proposal to have a pedestrian entrance at this location, and the relocation of the westward bus stop adjacent to The Rush. We do, however, have some serious misgivings about certain other proposals in this area. We feel that there is a real risk that the proposed canopy at this entrance will be out of keeping with what is essentially a residential / small retailer area. It would be unfortunate to end up with a structure more suited to a modern business or retail park. Although generally in favour of the proposed layout for The Rush with landscaping, planting and greater pedestrianised area, we would argue against providing outdoor seating. Seating is not necessary for people going to and from the hospital, and will almost certainly prove a focal point for loitering, littering and, in the summer months, a drinking venue for customers of the pub opposite (with the road safety issues associated with drinkers crossing and re-crossing the Kingston Road). The above factors could make it unpleasant for residents of Watery Lane and Manor Gardens returning home on foot both in the daytime and in the evening. A pleasant outdoor seating area / garden could be provided within the curtilage of the hospital for the benefit of patients and those accompanying them. We are also opposed to the provision of any water features in The Rush; they will simply be a focal point for vandalism and other disruptive behaviour We believe it would be a mistake to provide a community facility / cafe adjacent to this entrance. These can so easily become scruffy, neglected, desolate areas, which are of little use in cooler weather. Such an amenity would be better sited within the hospital. <p>Risk</p> <ol style="list-style-type: none"> We are opposed to a footbridge across this right-of-way. We do not believe it is possible to design a structure which will blend in with a residential area. The examples provided do not advance the argument for a bridge - both are in city centre environments where the aesthetic considerations are very different. 	<p>Noted</p> <ol style="list-style-type: none"> Noted Noted. The 'canopy' is only an indication of built form, demonstrating an entrance feature, curved façade and stepping back that will be expected from the building. There is no intention to create a 'business park' frontage. Any seating on the Rush is not intended to be exclusively for the Hospital users, but for everyone. The Rush will be overlooked by the shops and the hospital will provide an active frontage to the Rush, which should help discourage any antisocial behaviour. Noted. As above, the increased natural surveillance of The Rush should actually improve the perception of safety in the area – not make it worse. It is likely that this will be provided by the PCT, following guidelines in 'Designed with Care'. Once again, the Rush is being redesigned for the public, not as an external space for the hospital. Noted. However the brief only proposes a 'focal point' which may be in the form of a sculpture, artwork or water feature. This will be determined at a detailed planning application stage. There is a commitment by the PCT and the Council to promote and support local groups who are interested in taking up space in the Nelson. This may be in the form of meeting rooms, activity rooms, communal space, perhaps even a café. This will be integral to the Nelson building and not an external community facility, as your comment would indicate. Noted. The examples are in urban settings, but are only meant to demonstrate that imaginative design solutions exist. The idea of a bridging structure was broadly supported at the March 2006 consultation. It is only an option, should the PCT feel the need to a) build on the car park and b) need to link the buildings. The design and impact of any structure will be considered closely at the detailed planning application stage, however the principal of a bridge is generally supported.

	<p>9. In the light of the scale of this development, we would urge you to specify a pedestrian subway to link the hospital facilities at this point.</p>	<p>9. The scale of the development is not yet known. This work is still in preparation by the PCT. The brief only sets out the maximum scale. It is conceivable that the hospital may not be as large as the brief sets out. However, maximum limits must be set. A pedestrian subway would be more cumbersome than a bridging structure. However the final design choices will be up to the PCT at the detailed planning stage.</p>
<p>SPD NH 18</p>	<ol style="list-style-type: none"> 1. We have looked at the document with interest. It is good to see that you have used the recent CAGE work 'Designed with Care'. 2. We have no further comments to make on the Brief but please could you let us know when the brief is finally approved. 	<p>1. Noted</p> <p>2. Noted</p>
<p>SPD NH 19</p>	<p>The recent planning consultation meetings and draft documentations around constructions/re-development specific to the Nelson Hospital site & immediate surrounding areas; including planning briefs/meetings have been really well organised, and great thought has gone into the output documentations & findings. Great effort and resource has been put behind the process so and a local & immediate resident - thank you.</p> <p>As invited below is my feed back, not in any priority ranking:</p> <ol style="list-style-type: none"> 1. General Highway/Roadway access to the area around Nelson Hospital - there is already a problem with parking/transport/residential/business to The Rush, Watery Lane, Manor Gardens - the access and parking is generally not addressed in the brief <ul style="list-style-type: none"> • I question the traffic flow by changing the layout of the road around The Rush, Watery Lane road is large enough for one car. By changing this layout traffic flow will be forced down Watery Lane and Manor Gardens both of which are dead ends quite possibly creating bottle necks with delivery vans and general traffic. • There are not enough car parking spaces in this area already - the proposed new layout of The Rush seems to reduce the amount of parking, rather than create more. • Suggest more consideration and planning advise around transportation, parking, access - within the catchment area - all aspects - residential, visitors, emergency, general patients, professional staff and general working support - not just immediate to Nelson Hospital - but include the surrounding areas, which include Watery Lane, Manor Road, Cannon Hill Lane, Quinton Ave, Merton Hall Road, and even as far away as Church Lane/Wilton Ave and further. Not everyone visiting the hospital will be using public transport. • The current situation is that many visitors and staff that frequent Nelson Hospital use Watery Lane and Manor Gardens as a car park, and the planning document did not address parking solutions in these areas. • What will the site actually house? What are the NHS Trusts plans for this site? Depending upon what the site will house will obviously depend what the support elements will be - a hospital can be a 24 hour operation, and as such, there needs to be further considered for local residents and immediate area residents - and 	<p>1. Noted</p> <p>1. Noted, and reconsidered throughout the brief, particularly regarding the Rush, basement/deck car parking and drop off provision.</p> <p>The Proposed layout for the Rush is adequate for two cars to pass and to allow for parking. Vehicles can also enter the hospital site and turn around via the drop off point</p> <p>The Rush currently has capacity for 15 vehicles to park legally. With the introduction of right angled parking, this figure remains. There is no loss of available parking capacity.</p> <p>Noted, but much of what is suggested could only be considered at the detailed planning stage when the traffic impact of the development can be properly assessed.</p> <p>The brief does stress that the PCTs parking requirements must be met on site, in future. The level of which cannot be determined until the detailed planning stage, where the size of building and expected number of patients and staff will be known. Therefore the option of basement or deck parking could be a solution This is up to the PCT, not the Council. As I understand at present, the hospital is not envisaged to be open 24hr a day. The PCT will solicit further input from local residents towards the detailed planning stage. The planning brief only deals with the building, not the services within it.</p>

	<p>once this is known, further input should be solicited.</p> <p>3. The current access for deliveries is from Watery Lane - often times van's and lorries have difficulty manoeuvring entry and exit, and have damaged bollards, or use a resident's driveway. There have been jams and blocks in the traffic with deliveries to Rutlish School, often conflicting with deliveries to the hospital. This is a huge concern with the change in flow presented for The Rush. A suggestion is to change the access for deliveries to another area of the building and not from The Rush/Watery Lane.</p> <p>4. As part of the planning document, has anyone done any actual research on traffic flow on an average daily basis to see what it is currently like - and considered what it might be like?</p> <p>5. The view from the back of the hospital - ie: houses on Watery Lane that either back onto, or face the rear side of the hospital building - nothing on this is included in the plans, although a great deal of thought has been put into the plans for homes in Manor Gardens/Blakesley Walk. These should also be included into the plans as Watery Lane is very much an old village lane. Any plans should ensure this side is in keeping with the lane - addition of planted hedging, new fencing. Currently there are mature trees on the hospital grounds protecting the privacy of the houses on Manor Gardens and Watery Lane and it would be idea to ensure these or whatever changes protect the views/privacy from the back of the adjoining houses.</p> <p>6. Last point is security - pending the hospital's main activity - with more people using the facility from further afield, there may be a need for consideration to general safety and security of the residents in the immediate area. The infrastructure may need an aspect in the planning of more secure fencing and secure access around the building, easier access to the main parts of the building, etc.</p> <p>Thanks for the hard work you and your team have done on the planning documentation and hope the input and comments above are useful to you in this process.</p>	<p>3. Noted. It is proposed that service access is now from the Rush, no longer using Watery Lane. Access from anywhere else would mean up to 20 houses having a service vehicles pass their gardens. The Rush option minimises this impact to just one dwelling, which currently has a service access adjacent anyway.</p> <p>4. HIGHWAYS: Traffic flow of the development can only be assessed when detailed planning proposals come forward. EG, number of staff and patients envisaged to come to the hospital. This information is not available at present.</p> <p>5. The closure of the Watery Lane service access will improve the outlook on Watery Lane, with either hedge planting or the option of providing new housing to 'stitch together' Watery Lane and the Rush. Trees to the rear of Manor Gardens will be retained and improved to protect the privacy of residents gardens.</p> <p>6. Noted. Security of the site will largely be up to the PCT, but will be considered at the detailed planning stage.</p> <p>Noted</p>
<p>SPD NH 20</p>	<p>1. Watery Lane/ The Rush</p> <p>I feel that there is insufficient facility for the amount of traffic likely to use this area. Since an entrance to the hospital is planned for this corner of the new hospital, there will inevitably be cars dropping people off in this area. Also, the planned closure of the section of The Rush which is currently a one-way exit from Watery Lane will make it much more difficult for traffic (particularly residential) to exit onto the Kingston Road. Currently it is frequently only possible to exit the Rush when the pedestrian traffic lights change and the traffic stops. However, traffic on Kingston Road is approaching the area of Merton Parade from round a corner and at speed, so it would be dangerous and difficult to try to enter Kingston Road from Merton Parade. From the map provided it is also unclear whether the service road will be marked as such - it would seem there is a danger that people will use this as a 'mini-roundabout' which must be discouraged. I suggest that bollards which can be raised and lowered by authorised vehicles should be considered.</p>	<p>1. The Rush has been redesigned to allow for a drop off zone and adequate space for cars to pass in two directions. Exit to Kingston Road should be no more difficult than the current situation.</p> <p>Service access will no longer be in a 'loop form' around 10 The Rush. With a change in surfacing materials (rather than signage), it should be clear where vehicles can go.</p>

	<p>2. Boundary Wall I believe that the opportunity to widen the pavement on Kingston Road and perhaps provide a bus pull-in in the vicinity of the current bus stop far exceeds the benefit from retaining the boundary wall and therefore propose that the boundary wall is not retained and that a bus pull-in space is created.</p> <p>3. Height of building I welcome the requirement that the height of the building must be limited by the ridgeline of the present pavilion blocks, and that the building must be stepped down at the back. I do not think the building should at any point exceed the distance from the rear boundary than the current building. I also feel that, to maintain the privacy of the houses in Manor Gardens, any windows facing to the rear of the building should be obscured glass.</p> <p>4. Blakesley Walk A boundary wall not fence should be built along Blakesley Walk, preferably with non-graffiti surface.</p> <p>5 Car Parking I suggest that basement parking should be provided in addition to the proposed ground level parking around the main entrance, with disabled spaces close to a lift up into the reception area of the building.</p> <p>6 Green Roof I think there is an opportunity for a green roof on the stepped down part of the building, which would be pleasant to look at and environmental.</p> <p>7. Main entrance for the hospital Because there is a new block planned on the Rush, this looks like a main entrance to the hospital. I think it is important that this is not made the main entrance and feel that it should be modified so as not to look like the main entrance. The Rush and Merton Parade are insufficient for an increase in pedestrian or vehicular traffic. The Main Entrance should be enhanced to look like a main entrance!</p>	<p>2. The pavement at Kingston Road is narrow, particularly due to the current bus stop. Relocating the bus stop to the Rush will address this. Also, The Rush option provides a pull in space. Behind the wall, will be a drop off zone for the hospital, but should be more pedestrian friendly, providing more options for pedestrians on Kingston Road.</p> <p>3. The brief proposes a greater separation than what currently exists. Generally the separation has increased from 20 to 23-25m at the rear of the site. Windows will be dealt with at a detailed application stage, in line with the council's privacy standards. However the landscaped buffer will also help alleviate the issue.</p> <p>4. Noted</p> <p>5. It is envisaged that if basement parking is provided, that there would also be surface parking above. Alternatively, deck parking may be an option – but will be dealt with at a detailed planning stage.</p> <p>6. Noted</p> <p>7. The linear nature of the site does pose problems for the hospital building re. Entrances. Entrance arrangements can be dealt with at the detailed planning stage. As long as there is an active edge to the Rush, the entrance could be on Kinston Road, new block.</p>
SPD NH 21	<ol style="list-style-type: none"> 1. Thank you for giving the PCT the opportunity to respond to the Draft Planning Brief. On a general point, the PCT would wish there to be sufficient flexibility in the planning brief to allow the potential to develop an appropriate and sustainable health facility on the site, serving the local population of West Merton. 2. The design, and size of buildings needs to be flexible, in order to respond to the changes in medical technology and practice, and changes in the needs of the population. We would seek, therefore, for maximum flexibility in the Planning Brief, to allow the designers of any healthcare facility to create options for buildings, which will be a valuable community asset for the next 30 years plus. 3. The funding of the NHS, and the revenue resources available to the Sutton and Merton PCT are a factor, with judgements made about the level of investment in competing priorities, such as acute hospital care, mental health, local care and primary care. The direction of travel is to provide as much care in primary care and local care settings, which is the current PCT proposed use for the Nelson site. However, work is still being undertaken on the appraisal of options, and their 	<ol style="list-style-type: none"> 1. Noted – with the exception of retaining the pavilion blocks, the rest of the site is available for development. The brief offers as much flexibility as Merton's planning policies will allow for the site, given its location and constraints. 2. The design of the buildings will be up to the PCT, the brief sets out the extent of land which is available for construction. It doesn't assume that the whole site should be filled, but offers this opportunity, perhaps as a phased development. 3. Noted. It is hoped that by focussing on purely built form issues that the PCT will have a clear steer regarding the built form capacity and design expectations of the site.

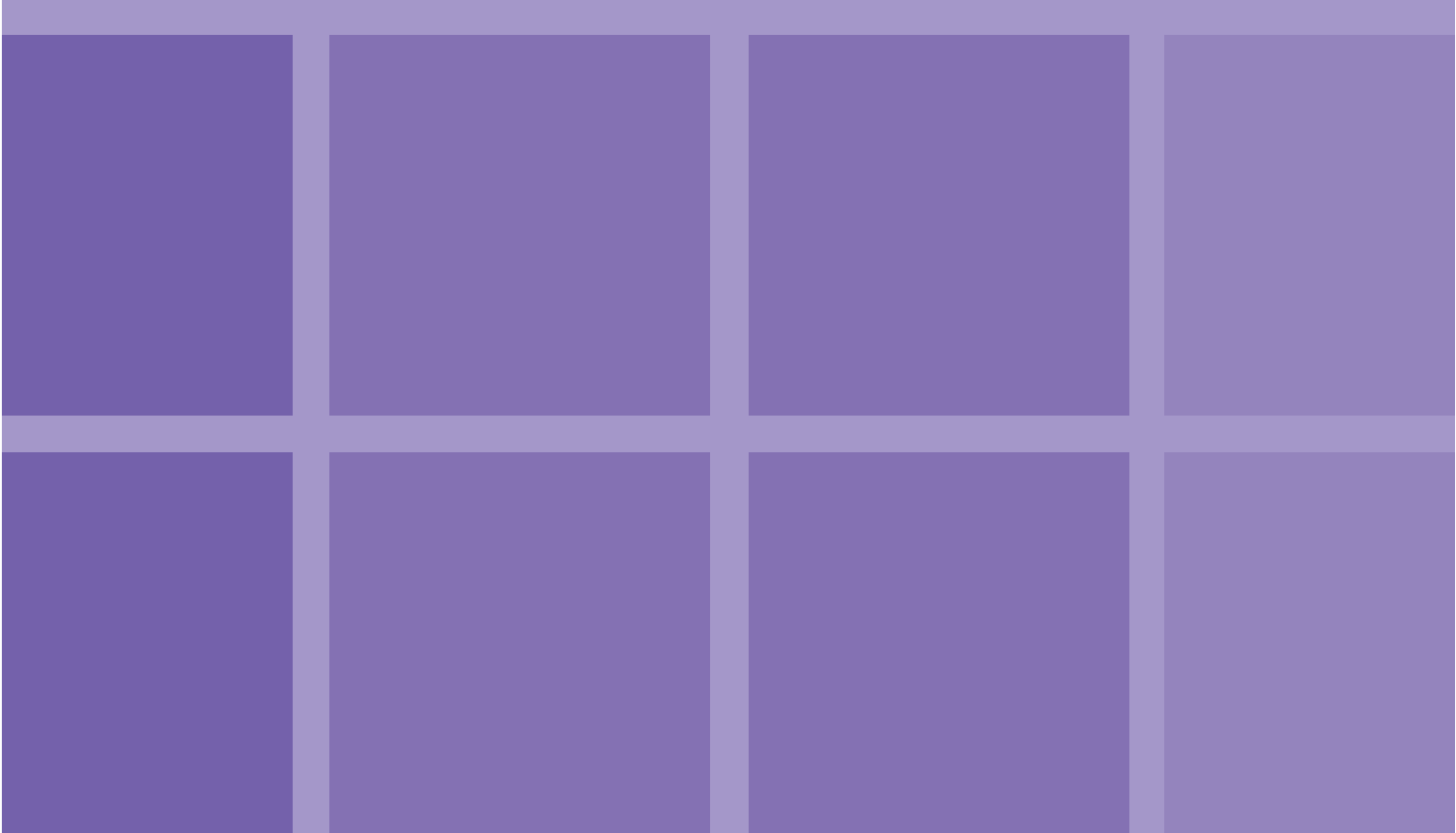
	<p>affordability, for the healthcare facilities needed.</p> <ol style="list-style-type: none"> 4. The Planning Brief indication that the pavilions blocks should be retained appears to be restrictive, their scale and mass would limit any development. They would force the retention of the existing building line and sit within a difficult site within a limited number of floors. The PCT would suggest that the brief should be something like “the council will promote the retention of the 4 pavilion blocks, but this will not be an absolute requirement of the development. Should the blocks not be retained then a new build should be sympathetic to other buildings in the Kingston Road frontage, and the size and nature of the current pavilion blocks should provide a context for the scale, height and massing of the hospital frontage and the rest of the development. 5. The PCT welcomes the brief that the retention of the Lodge need not be an absolute requirement of the development. 6. The PCT agrees that due consideration should be given to the retention of War memorial plaques, and that there should be a way of incorporating them into the design of the site to provide visible connections to the community the healthcare facility serves, and to the history of the site. 7. With reference to the hospital’s car parking requirements it is noted that they need to be met entirely within the site. The PCT would not wish for the preference for a basement car parking, to be made a requirement, but for options to be considered by health planners and discussed with the Planning Authority. 8. The PCT notes the preservation order on the trees, but also notes this may limit flexibility on car park design. 9. The PCT agrees that careful thought needs to be given to the design of the Rush, pedestrian and vehicular access (particularly for service vehicles). The concept of improving this area is welcomed. 10. The PCT is concerned about the aspiration that the end of the building should be a “landmark”. This appears to be over restrictive. The total size of the healthcare facility has yet to be determined, and design considerations will need to be given to an effective healthcare facility with easy internal access for the frail and elderly. Should the building volume be less than the full site, a design concept often favoured by modern healthcare facilities is easy access from an entrance to a waiting area, and then all main facilities at a short distance from the waiting area. A long, linear building may not be ideal in these circumstances. The Planning Brief should allow flexibility for hospital designers to work with the Planning Authority on these issues, rather than have any absolute statements about the design of the building. 11. The current draft brief has implications for the whole frontage, and assumes the size of the facility will require this. 	<p>4. The blocks are retained as a response to the Conservation Area Character Appraisal, and was generally supported by the public. It is intended that the blocks will set the tone for the scale of the rest of the development. It has also been accepted that the blocks also contribute to the heritage of the local area, and the decision to retain them is not purely based on aesthetics.</p> <p>5. Noted</p> <p>6. Noted</p> <p>7. Noted – options have been expanded to allow for either basement, deck or surface parking. Details of which can be discussed at the detailed planning stage.</p> <p>8. Noted – again, a matter for detailed design</p> <p>9. Noted</p> <p>10. The term landmark is used to describe how the building will terminate the view south from Merton Hall Road, much like how the current pavilion blocks do for Quintin and Richmond Avenues. The linear nature of the site does present problems for circulation within the hospital. There is scope for further exploration at the detailed design stage. The introduction of the drop off zone on Kingston Road will offer more flexibility re. Entrances.</p> <p>11. This is true regarding the pavilion blocks, however the area to the west (car park) is presented as an option for development if needed. In the absence of any size requirements on the site, the brief attempts to present a maximum limit. Any volume less than what the brief proposes would be acceptable.</p>
SPD NH 22	<ol style="list-style-type: none"> 1. Congratulations on the very clear, interesting draft. 2. The original central block upper floor extension in the 1940s – is it intended to add glazing bars to the central windows on the ground and first floor? 	<p>1. Noted</p> <p>2. Unknown at this stage, but will be considered at the detailed planning stage in consultation with conservation officers.</p>

	<p>3. The lodge, because of its smaller scale adds variety to the façade and acts as a punctuation point to the other four blocks. When viewed from the west, it provides an interesting build up of the roofscape and the tile hung bay relates well, in scale to the pedestrian. I sincerely hope the Lodge will be retained.</p> <p>4. Boundary Wall, I feel there is a real opportunity to improve the area by removing the wall to create a wide pedestrian boulevard, with paving up to the building, with trees and occasional bench seats. This would create a more visible and accessible link between the buildings and the public realm.</p> <p>5. A bridging structure, if fully glazed would also provide surveillance to Blakesley Walk.</p> <p>6. The Rush. There is concern that the Rush will become an overspill area for the pub, however relocation of the bus stop might prevent this.</p> <p>7. Much will depend on the style of the new hospital building and how it relates to the existing curved parade of shops. I hope some informality can be retained in the re-design of the Rush.</p> <p>8. I like the transparency between the original blocks along Kingston Road. Will this be shown on the large plan at the end of the brief?</p>	<p>3. Noted. The Lodge does provide some character to the site, but isn't specifically mentioned as providing a 'positive contribution' to the conservation area. Therefore the Council cannot demand its retention. However it is supported as an aspiration. In addition, there is no reason why a contemporary replacement cannot provide the 'stepping up' qualities that the Lodge demonstrates. A contemporary replacement could provide another 'bookend' to the original blocks.</p> <p>4. Extending the public realm up to the hospital building creates issues of ownership and maintenance. Also, there is a need for patient drop off facilities in this location. Relocation of the bus stop to the Rush should alleviate overcrowding on the Kingston Road pavement. The wall is only retained in front of the existing blocks, therefore generally there is more space for pedestrians than at present.</p> <p>5. Noted</p> <p>6. Noted. Also, increased natural surveillance from the Hospital building could alleviate the issue.</p> <p>7. Agree, this is the intention, and will be judged at a detailed planning application stage.</p> <p>8. Agree. This is the intention, to create visual interest between old and new. The brief has been amended where necessary.</p>
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SPD

Supplementary Planning Document
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