

2.0 | The site | evolution of the area



(Roques Map) Merton 1741



Kingston Road, Merton 1896-1899



Kingston Road, Merton 1916-1920



Kingston Road, Merton 1934-1938



Kingston Road, Merton 1953



Kingston Road, Merton 2007
Hospital site boundary shown

3.1 The Nelson Hospital site is tightly constrained by the surrounding urban environment and the design of any new buildings will be expected to contribute to the character of the surrounding townscape.

Retention & Demolition

3.2 The Council wishes to protect the positive aspects of the building, particularly those that contribute to the character of the conservation area. The Council's Design & Conservation Team have produced character appraisals for a number of Conservation Areas in the borough. The redevelopment of the Nelson Hospital would impact upon three adjacent Conservation Areas; Merton Hall Road, John Innes Merton Park and Wimbledon Chase. The hospital forms part of the Merton Hall Road Conservation Area and the character appraisal provides the basis for the Council's views on retention and demolition of parts of the hospital building.

3.3 The hospital building is generally described as providing only a 'neutral' contribution to the character of Merton Hall Road Conservation Area. However the four pavilion blocks which form part of the Kingston Road frontage are noted as providing a 'positive' contribution to the area. As such, the Council will seek the retention of the four pavilion blocks.

The Pavilion Blocks

3.4 The first phase of the Nelson Hospital opened in 1912 consisting of three main blocks fronting Kingston Road, The blocks were originally symmetrical with two two-storey blocks and a single storey block in the middle. (as shown on page 2)

3.5 The symmetry has since been lost with the addition of the Memorial Wing in 1922 and addition of an upper floor to the single storey block in the 1940s. Despite these modifications, the Kingston Road frontage is relatively unchanged, as the adjacent images demonstrate.



Kingston Road frontage, 1912

3.6 Taking forward the assessment of the hospital building in the Conservation Area character appraisal, the Council will require that the four original pavilion blocks are retained and reused as part of the new hospital. In principle, The Council will allow the demolition of the remainder of the site for the provision of the new hospital.



Kingston Road frontage, March 2006

3.7 Retaining the four pavilion blocks forms a basis for the design of the new hospital. This would ensure that new build sections are complimentary to the pavilion blocks and the surrounding area, particularly on the Kingston Road frontage.

3.8 This does not mean that the design of the new hospital should simply replicate the retained blocks, it is intended that the pavilion blocks will provide a context for the scale, height and massing of the rest of the hospital development.

The Lodge

3.9 At a public consultation exhibition held in March 2006 to invite comment on options for retention and demolition, the majority of attendees and respondents supported the principle of retaining the four pavilion blocks.

3.10 There was public feeling that The Lodge adjacent to Blakesley Walk should also be retained. However, in comparison, The Lodge's scale and presence on the Kingston Road frontage is not as substantial as the four main pavilion blocks. The Lodge is not specifically noted in the Conservation Area Character appraisal, therefore the Council will promote the retention of the Lodge, but it will not be an absolute requirement of the development.



The Lodge,
Corner of Kingston Road + Blakesley Walk

Masonry Plaques

3.11 The Nelson Hospital has a number of masonry plaques built into its façade. These are predominantly on the War Memorial block which will be retained in its present form. However there is also a plaque on the eastern wing of the hospital marking the start of construction of the maternity wing in 1930. The plaque, along with the war memorials are important markers of the area's local heritage and the evolution of the Nelson Hospital.

3.12 The Council will expect the plaque to be retained and reinstated as part of the redevelopment scheme, ensuring that it is visible by the public and is in a prominent location.



Masonry Plaque,
Maternity Wing

Kingston Road Boundary Wall

3.13 The hospital has a perimeter wall on the Kingston Road and Rush boundaries. The wall is not specifically mentioned as providing any contribution to the character of the Conservation Area, however it is an original feature of the hospital.

3.14 There are positive and negative aspects of the wall presenting different challenges for how the boundary of the site may be treated. Following public consultation on options for the retention and removal of the wall, the Council proposes a compromise that retains the parts of the wall, maintaining the character of the area, but supports modification of the wall to increase access to the hospital and provide a better quality public realm.

3.15 This means that the wall will be retained in front of the four pavilion blocks, and removed from the area adjacent to The Rush. This is intended to encourage a more visible, and accessible link between the new hospital buildings and the public realm.



Kingston Road Boundary Wall
Section to be retained

Tree Preservation

3.16 There are 19 individual trees and one group of trees on the Nelson Hospital site, which are protected by Tree Preservation Orders (TPO) The TPO, was registered in 1995 to protect and safeguard the trees for their important amenity value. The trees have a substantial presence on the site, but also enclose views south from Richmond Avenue.

3.17 Trees located on The Rush are not protected by TPOs as they are on Council owned land. However as part of any improvements to The Rush, the Council will expect the mature species on The Rush to be retained. The protected trees are all located in the western part of the Nelson Hospital site; a schedule of the trees is provided below and a location plan is attached overleaf.

3.18 The site’s boundary has a number of trees and shrubs which, whilst not all are protected, they do provide a landscaped buffer between the hospital site and the adjacent residential areas. The Council will expect that any landscaping on the site boundaries be retained and enhanced to protect privacy and amenity of the residential gardens.



Left to right, Trees T7, T6 + T2



Left to right, T7, T6, T5, T4, T2, T1, T17+T18

Reference on Plan	Description
T1	Yew
T2	Horse Chestnut
T1	Sycamore
T4	London Plane
T5	Sycamore
T6	Lime
T7	Sycamore
T8	Holly
T9	Sycamore
T10	Yew
T11	Sycamore
T12	Sycamore
T13	Yew
T14	Yew
T15	Holly
T16	Cherry
T17	Cherry
T18	Pine
T19	Horse Chestnut
G1: Group consisting of 11 Sycamore Trees	

3.0 | Issues for the site | tree preservation, locations



Aerial Image of TPO's



Location Plan of TPO's

3.0 | Issues for the site | blakesley walk

Blakesley Walk

3.19 Early maps of the Nelson Hospital site not only show The Rush a historic space, but also highlight Blakesley Walk as a historic route. The route was originally a rural lane, and is now a suburban footpath, linking Watery Lane and Manor Gardens with Kingston Road.

3.20 The current crooked configuration of the footpath makes it feel unsafe, with no clear line of sight from one end to the other. Which in turn can provide an environment for anti social behaviour.



Blakesley Walk,
viewed from Kingston Road, towards Manor Gardens

3.21 The Council will expect Blakesley Walk to be retained as a public footpath in its current location. Improvements which would increase the legibility and feeling of safety when using the path can be achieved by providing better lighting and simply straightening the alignment of the path, providing a clear line of sight between Kingston Road and Manor Gardens. The new hospital buildings should encourage activity and provide natural surveillance.



Blakesley Walk,
viewed from Manor Gardens towards Kingston Road

3.22 The Council will expect that adequate boundary treatments will be provided as part of the improvements to Blakesley Walk, including, landscaping and appropriate walls and fencing to maintain the privacy of the surrounding residential area and ensure that the hospital site is secure.

Splitting the Site

3.23 Blakesley Walk cuts through the hospital site and is essentially a marker between the old and what may be a new part of the hospital. As it is still unclear how much floor-space is required, the brief sets out maximum parameters for development; therefore supporting in principle that a new block can be built to the west of Blakesley Walk, at the front of the current car park. It is conceivable that if this block is needed then the NHS may wish to physically link the old and new parts of the hospital to aid internal circulation.

3.24 The idea of a bridging structure across Blakesley Walk was presented to the public during the issues and options consultation event. The public response was generally supportive of the idea, but dependant on the design and impact on Blakesley Walk.

3.25 Should a physical link be needed in the form of a bridging structure, the Council will expect the link to be well designed and a considered part of the overall development – rather than a purely functional add-on. The principle of bridging over the footpath (should it be needed) offers scope for a unique design solution.

3.26 For example the footbridge above Floral Street in Covent Garden is visually striking, yet functional contemporary design. This is a more urban location than Blakesley walk, however the Council would expect such proposals to follow the same principles of being a well designed, visually interesting solution.



Royal Opera House footbridge
Floral Street, Covent Garden

3.0 | Issues for the site | the rush



The Rush, from Watery Lane,
looking towards the Old Leather Bottle pub.

The Rush

3.27 The Rush does not form part of the hospital development site, however as a public benefit to the redevelopment, the Council will require that environmental improvements be carried out on the Rush.

3.28 The rush dates back to the original settlement of Merton. It was once a small dairy and village green, then a row of houses, but it was returned to open space in the 1940s as the Nelson maternity wing was constructed. Nowadays it tends to be used as a space to park cars and has little function as useable public space.

3.29 There is potential for The Rush to form an attractive approach to the Hospital from the east. The Council supports this principle, strengthened by the proposed relocation of the bus stop to The Rush which would generate pedestrian activity in and give more of a purpose to the space as a local amenity.

3.30 The hospital building must provide an active frontage to The Rush, which gives scope for a community facilities or a café in this locations, which could spill out onto the public space.

3.31 Service access from Watery Lane will be closed, and replaced with an access from The Rush, as shown in the proposals map. This avoids isolating number 10 The Rush from the rest of Watery Lane. The Council also supports the principle of providing up to two dwellings on the site of the Watery Lane access. A sensitive infill development will add to the character and street scene on Watery Lane and deals with the current 'rear end' view of the Hospital.

3.32 The Council will expect the Rush to be improved by:

- Removing the car dominance of the street scene by removal of the one-way system – providing a single access/egress to Kingston Road and simplifying the car parking arrangement creating more room for public space.
- Removing the raised grass areas and replacing it with a level, more open and accessible green space. Larger trees in The Rush must be retained, with root analysis taken into account at the detailed design stage,
- Enhancing the general streetscape including shared-surface road treatments to provide a more pedestrian friendly, useable public space.
- Improvements to the rush will provide a more attractive setting for the local businesses, and will retain the same number of parking spaces to support the local businesses.
- Widening the pavement on the eastern side of the rush to provide space for businesses to spill out onto the public space; adding activity and vibrancy to the street scene.
- Planting and soft landscaping, which provides seasonal interest and is robust enough for its roadside location, such as holly hedges.
- Westbound bus stop will be relocated to The Rush, providing more convenient pedestrian access for the hospital and nearby Rutlish School.

3.0 | The Rush | vision

3.33 These images are intended to give an idea as to the possible layout and quality of materials and landscaping that will be expected in the re-design of The Rush.

3.34 Removal of the raised planter areas will create a level green space consisting of grass with small holly hedge borders, a distinctive feature of Merton Park. At the centre of The Rush will be a seating area, with a focal point could perhaps be some form of public art or informal water feature.

Exact details of the design of the rush will be expected at the planning application stage.



Plan of how The Rush could be re-designed



1. Pavement widened
2. Car parking (parallel and right angled parking)
3. Seating area
4. Grass area
5. Pedestrian approach / drop off area
6. Bus stop

4.1 This planning brief provides a planning and design framework to guide the redevelopment of the Nelson Hospital site. The brief will guide the architects of the new hospital as well as assisting the Council in processing a planning application. The brief seeks to ensure that the redevelopment scheme responds positively to the character of the local area and responds to the views of the community who have contributed to the brief through consultation exercises.

Vision

The Council's vision for the Nelson Hospital redevelopment is:

- *To develop an outstanding example of community healthcare for the 21st Century – a focal point for the local community.*

Aim

The Key Aim is:

- *To achieve a sustainable redevelopment of the Nelson Hospital which respects the hospital's heritage, and responds positively to the site's local setting within a Conservation Area.*

Objectives

Key objectives for achieving the vision are:

- *Achieve high quality urban design, architecture and public realm*
- *Create a vibrant and attractive public space on The Rush*
- *Enhance accessibility to the site whilst promoting sustainable transport initiatives*

4.2 The redevelopment of the Nelson provides an opportunity where those parts of the building with distinct quality can be retained and incorporated into a high quality contemporary design that integrates well with the surrounding townscape.

4.3 The redevelopment of the Nelson should enhance the neighbourhood's character and appearance, whilst providing a local care facility fit for the 21st century.

4.4 Improvements to healthcare provision embrace issues that go beyond nursing and medical care, including access to transport and sustainable development and healthy living.

4.5 Local healthcare facilities are an important asset to the community. The new Nelson Hospital should be a cornerstone of community health and has the potential to be an example to draw upon for the future provision of local healthcare.



4.0 | The Nelson Brief | aspirations

Aspirations:

4.6 As part of the redevelopment of the Nelson Hospital, the Council would wish to see;

- The site redeveloped as an example of good urban and architectural design, maintaining a civic presence that the original hospital blocks possess.
- A robust building that meets the needs of the Primary Care Trust and patients whilst retaining the humane character and atmosphere which is cherished by users of the present day hospital.
- Good urban design as a vital component in connecting the new hospital with the existing townscape, and local community.
- The provision of informal open spaces. There is great value in providing gardens and courtyards in healthcare facilities, particularly in urban settings. The current building has a number of courtyard spaces that respondents of the consultation exercises would generally like to see replicated as part of the new hospital.
- Space and facilities should be made available for the community and local volunteer organisations to make use of. Details of such requirements will be presented to the PCT through the Nelson Community Reference Group.



Suggestion of scale, massing and 3D form of the new Nelson Hospital



Requirements

4.7 As part of the redevelopment of the Nelson Hospital, the Council will require;

- Four pavilion blocks fronting Kingston Road to be retained and renovated as part of the hospital redevelopment, including cleaning and restoration of the building's external fabric and removal of any unsympathetic additions. Internally, the PCT can alter the blocks to suit. It is not a requirement to retain The Lodge, however if the PCT intend to demolish The Lodge, the Council will expect a clear and convincing argument to justify the demolition.
- Maximum height for the hospital should be no higher than the ridgeline of the present pavilion blocks. This is approximately 12.5m, which would allow for up to three storeys of development. (Assuming an average floor to ceiling height of 3.5m - 4m) However, three storeys will not be permissible across the entire site. It is a requirement that the building steps down to a maximum of 2 storeys to the rear, protecting the aspect from neighbouring residential properties.
- A new block should be constructed to terminate views south from Merton Hall Road and maintain the building line and rhythm on Kingston Road. This block will also be a focal point for The Rush and the eastern approach to the site.
- Landscaped boundaries of the site should be retained and enhanced where necessary to protect privacy of neighbouring residential properties. Large trees in the current car parking area protected by TPO must be retained, and protected during the construction period.
- Public realm and streetscape improvements will be applied to Kingston Road and Blakesley Walk and the Rush, as set out in the relevant sections of the brief.
- Hospital buildings are to provide natural surveillance and overlooking of the public realm, particularly at The Rush and Blakesley Walk.
- Service access from Watery Lane will be closed, with access to be taken from The Rush instead. This provides an opportunity to improve the character of Watery Lane.
- Junction improvements and provision of a bus stop at Kinston Road and Merton Parade with re-alignment of the Rush as set out in the proposals map.
- The boundary wall on the Kingston Road frontage should be retained in front of the pavilion blocks and restored, with unsympathetic additions removed. However the wall is to be removed adjacent to The Rush, in order to open up the public space and create a pedestrian approach to the hospital.
- The area between the Kingston Road boundary wall and the pavilion blocks should be re-landscaped to provide an attractive drop off zone for users of the hospital, and should also be a pedestrian friendly space. Car Parking will not be permitted in this area as the parking presently detracts from the quality of the buildings and public realm.
- New structured tree planting along the entire Kingston Road frontage, providing rhythm, defining and unifying the edge of the site.
- Vistas south from Quintin Avenue and Richmond Avenue to be protected through sensitive design solutions
- The hospital's car parking requirements to be met entirely within the site. The design of which will depend on the level of parking needed to support the hospital. This is not yet known, however in principle, the Council supports the use of either a single storey deck car park, or basement car parking which could also accommodate building plant and servicing requirements.
- Main vehicular access to the site to be taken from Kingston Road, opposite Richmond Avenue. This will provide access to car parking and servicing. Patient drop off areas will be located on the Kingston Road and The Rush frontages, as illustrated on the proposals map.
- At least 10% of the hospital's energy requirements must be generated on site using renewable energy technologies.

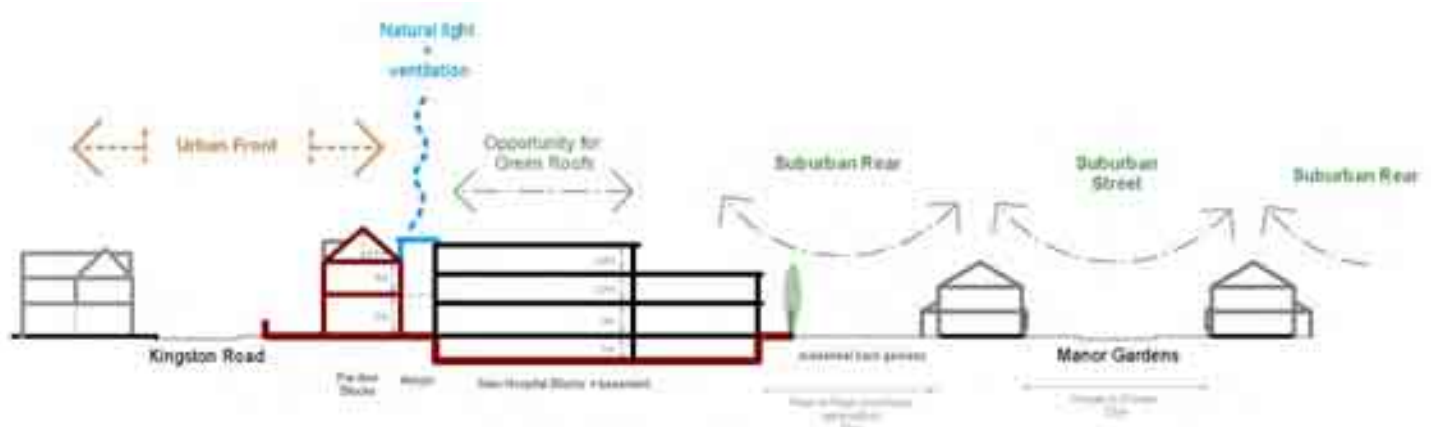
The New-Build Sections Principles and Rationale:

- 4.8 The hospital should present a curved form fronting onto The Rush. Replicating the form of Merton Park Parade with the intention of framing The Rush and creating some enclosure to public space. The building line of the hospital, facing onto the rush should be set with reference to the cottage located at 10 Watery Lane. This is indicated on the proposals map.
- 4.9 The hospital should provide an active frontage to The Rush. Replicating the curved form of Merton Park Parade and provision of a pedestrian friendly drop off zone, creates a more subtle transition between public and private spaces.
- 4.10 The height of the development should be no more than 12.5m (which allows for ground floor plus two above) This relates to the retained pavilion blocks and is based on the presumption that a modern 3 storey building is similar in overall height to the historic 2 storey blocks, which have a much higher internal floor to ceiling height distribution than what would normally be found in a contemporary development.
- 4.11 The section diagram below demonstrates how 3 storeys would fit with the existing blocks. In addition, the height of the building should step down towards the rear (south) of the site, reducing the visual impact on properties to the rear of the site.
- 4.12 To the western side of the site, the building line on Kingston Road is established by the retained pavilion blocks and allows for a landscaped edge to Kingston Road.

- 4.13 The development area of the proposed western block is dictated by the form of the adjacent buildings, Blakesley Walk and the protected trees. Again, the height of the western block should be a maximum of 12.5m / three storeys high to relate to the rest of the Kingston Road frontage. The western block should terminate views south from Richmond Avenue by providing a landmark entrance to the hospital.
- 4.14 Access points to the building should be located giving priority to pedestrians, public transport users and cycles rather than the car.

Civic Pride

- 4.15 Public buildings should stimulate civic pride. A healthcare building is often a focal point of the community and should respect and enhance the locality as well as giving confidence to those who require its services.
- 4.16 The visible face of a building and its setting creates a first impression of the service offered inside and the value placed on the patient experience. Therefore a welcoming environment should be projected.
- 4.17 The institutional feel of older hospital wards should be eliminated as far as possible, to reflect the greater focus on a better, more comforting environment.
- 4.18 The hospital should integrate with and contribute positively to the urban fabric of Kingston Road and The Rush, rather than being insular and self contained.



Section through the site:
Demonstrating height and mass in relation to surrounding development

Principles of Good Design

4.19 Character: The Nelson Hospital redevelopment should have its own identity, drawing cues from the local area and those elements of the original hospital, which are to be retained. The hospital should integrate with and contribute positively to the urban fabric of Kingston Road and The Rush.

4.20 Continuity and Enclosure: The public and 'private' spaces of the hospital should be clearly distinguished, with Kingston Road and Rush being the 'public face' of the building and the rear of the site providing private courtyard space for users of the hospital.

4.21 Quality of the Public Realm: This brief promotes public spaces and routes, which are attractive, safe, uncluttered and work effectively for all.

4.22 Permeability and Ease of Movement: A desirable characteristic of place is the ease in which one can move through the building / site. Such places are integrated physically or connected with their local surroundings. The building and the site in general should be easy for everyone to get to and move through.

4.23 Legibility: a successful and legible development is a place that has a clear image or layout, which is easy to understand. The design of the hospital should help reduce stress and unease by providing a clear layout that is easy to navigate and an attractive environment that is calming, yet offers positive stimulation of the senses.

4.24 Robustness: The internal arrangements of the building must be able to change and adapt easily through time as demands on internal space functions change.

4.25 Variety: A successful place offers a mix of activities to the widest range of possible users. The Nelson should not simply become a place to treat people, it should be a focus for the local community, providing a range of community uses, spaces and pro-active healthcare as well as conventional treatment.

4.26 Vitality: The Nelson Hospital will be a place primarily for healthcare, however it should also be a safe, comfortable, varied and fun.

4.27 Inclusivity: the hospital buildings and public realm should be designed for everyone, without special treatment.

Good design should

- Address the connections between people, places and access to services
- Integrate the development into the existing built environment.
- Reinforce (not replicate) local distinctiveness. Style does not equal quality, but rather; quality transcends style, therefore a contemporary design solution will be sought for the Nelson Hospital which respects and compliments it's surroundings.
- Be an important part of providing successful, safe and inclusive places
- Create places that everyone can use and enjoy
- Consider the impacts on the natural environment.



Public Art and the NHS

4.28 Healthcare buildings can add value to the community through commissioned artwork. Artists, craftspeople, schools and colleges can help create a non-institutional atmosphere, providing patients with reminders of their locality and endowing the building with cultural landmarks. Various forms of artistic expression can be incorporated either inside or outside the building.

4.29 Many NHS Trusts have already embraced the arts in both new and existing buildings. Most notably at Chelsea & Westminster Hospital and University College Hospitals in central London.

4.30 Art can make a major contribution to the character and identity of a place. The use of arts in public buildings is encouraged and needs to be considered early on in the design process. This extra layer of quality can be obtained for a small proportion of the hospital's redevelopment budget.

4.31 The Council will encourage the PCT to include a percent for art as part of the Nelson redevelopment, in partnership with the Council's Arts Development Officer. Please refer to www.merton.gov.uk/arts for further details.

4.32 In addition, the PCT will also be encouraged to forge links to local institutions such as schools, community groups and the Wimbledon College of Art in commissioning artwork for the hospital and surrounding public spaces.



Wider health initiatives: Healthy Living

5.1 The quality of the built environment can make a positive contribution to good health, and its role is particularly obvious when we are thinking of how we can prevent, rather than simply cure, health problems.

5.2 Design is about how a building or a place works, not just how it looks. The design team involved in creating the new Nelson Hospital should be as concerned with its contribution to its neighbourhood as the way the building's internal spaces are organised.

Key Principle:

5.3 The new Nelson should contribute positively to the health and well-being of the local community.

5.4 The Council is also committed to creating healthier communities through Merton's Community Plan 2006-2015. As well as increasing access to care and supporting the development of local care hospitals, the Council and Sutton & Merton PCT will focus on promoting good health and reducing health inequalities by:

- Supporting lifestyle changes with an emphasis on stopping smoking, healthy eating, sensible drinking and increased exercise.
- Improving health services and advice given in schools through the healthy schools initiatives.

5.5 The Council will be looking at ways in which it can deliver its social services to the community at a more local level, which may include having a base or a 'community hub' as part of the Nelson Hospital.

5.6 The concept of a 'community hub' means that there is potential for the PCT, Council and local voluntary sector organisations to provide support services at the hospital, ensuring that the Nelson has a real community focus, rather than simply being a place for healthcare.

Community Uses

5.7 At the issues and options consultation for this SPD, local residents groups compiled their own vision for the Nelson Hospital which the PCT and designers should be mindful of.

5.8 They want a place where they can have their ailments diagnosed and treated, but perhaps more importantly, to get fit and stay fit and to learn about diet and exercise in delightful surroundings.

“The Nelson should be a model community hospital for the future – a beacon”



Hove Polyclinic
Image from CABE, designed with care.



Maggie's Centre, Inverness
Warm and welcoming environment
Image from CABE, designed with care.

6.1 Commission for Architecture and the Built Environment (CABE) believe the quality of the local environment can contribute to each phase of healthcare through;

Prevention: Providing opportunity for exercise, promoting personal safety and reducing stress.

Intervention: By ensuring all health buildings are designed around the needs of the patients and staff as an integral part of the therapeutic effort.

Recovery: By producing high quality environments that assist and accelerate healing.

6.2 The publication, Designed With Care (CABE 2006) has a number of case studies and is a useful read for the designers of the new Nelson Hospital.

6.3 The Hove Polyclinic is perhaps the most relevant example from which the Nelson can learn from. It is similar in scale and in terms of the types of services that will be on offer from the Nelson Hospital. Space and light were the key elements of the design of the Polyclinic with natural lit corridors and atrium spaces.



Idle medical centre, Bradford.
Image from CABE, designed with care

CABE'S Key elements of good healthcare buildings

Good integrated design

6.4 Design excellence is not just about attractive buildings. Good integrated design must also consider how a building can contribute positively to its environment.

In the case of the Nelson Hospital, this should include ease of access and straightforward integration with public transport. It is proposed that the westbound bus stop on Kingston road be relocated to The Rush where the main pedestrian entrance to the hospital will be located. This will also generate activity and give a function to The Rush as a public space.

Public Open Space

6.5 A patient centred healthcare building should extend its concern for patients beyond its walls by trying to provide well managed public space in which pedestrians are given priority over cars.

6.6 There is an increasing body of evidence that nature can offer more than simply a pleasant setting for healthcare; it can also contribute directly to reducing stress and pain, and speeding recovery. Gardens and courtyard spaces not only provide an attractive view, they foster access to social support and provide an opportunity for escape and sense of control with respect to clinical settings.

6.7 In the case of the Nelson, the Council will require through planning obligations, the improvement of The Rush as a quality, useable, pedestrian friendly public space that will also be a gateway for the hospital and Merton Park.

6.8 Also, the council will also encourage the development of courtyards and small garden spaces to the rear of the hospital. Creating private enclosures for users of the hospital, as well as providing a natural buffer between the hospital building and the residential properties of Manor Gardens.

A Clear Plan

6.9 For many patients, the experience of going to hospital induces anxiety. Good design in this context must seek to lower or even remove this psychological barrier. A number of factors can contribute to this;

6.10 Clear and logically placed entrances, with easy access for all visitors, including wheelchair users, those whose sight is impaired and parents with small children. There should be a cheerful and welcoming atmosphere and an air of tranquillity. Throughout their visit, patients have every right to expect to be treated in privacy and with dignity.

Reception point

6.11 Reception areas and information points are key to orientation. In many new healthcare facilities, the tone is set by the reception, and importantly, its staff. The reception area(s) for the Nelson should skilfully combine the friendly welcome with a low-key oversight of public areas.

Circulation and Waiting Areas

6.12 These areas should be pleasant in their own right. Well planned waiting rooms can help to relax patients, thereby reducing fear and increasing confidence. Where space allows, the most successful waiting areas are set out in the style of a hotel foyer. This is valuable where patients are accompanied by family or friends.

Materials, Finishes and Furnishings

6.13 Hospitals are busy places, in terms of footfall and hours of operation. Materials, finishes and furnishings therefore need to be robust as well as attractive. Well selected, fit for purpose furnishings will compliment a clear approach to design and have ongoing benefit in terms of life costs.

Natural light and ventilation

6.14 Generous amounts of light and ventilation help to contribute to good and energy efficient environmental conditions throughout. This planning brief allows for a series of linked atrium spaces to act as 'internal streets' for the hospital, providing natural lighting and ventilation of the internal spaces.

Storage

6.15 A recurrent problem in many hospitals is the lack of adequate and effectively planned storage. Inevitably, the ambition of a paperless NHS will take time to filter through the system. Meanwhile there are patient records to be stored, together with publications and leaflets, equipment and supplies, even surplus chairs ect.

6.16 The Nelson Hospital has also suffered from an uncontrolled rash of notices, posters and leaflets pinned or blue-tacked to any available flat space. The principal result is an accumulation of clutter on the walls. Quite often in hospitals there is no organization or logic to notice boards, making it difficult for patients to find relevant information.

6.17 In the design of the new Nelson Hospital, it is key to design spaces which are not only clutter free and efficient, but adequately accommodate storage needs as well as providing sufficient space for leaflets, posters and notice boards without dominating the entire space.

Adapting to future changes

6.18 The rapid demand for change and for a fresh approach to the delivery of healthcare at neighborhood level shows that buildings today need to have the capacity to adapt to future changes. It is CABE's strongly held view that space should be viewed as a resource, not a territory, allowing patterns of use to evolve over time.

Out of hours community use

6.19 The new Nelson Hospital should provide a layout that encourages community use out of hours. In the examples examined in CABE's Designed with Care, the best intentions have frequently gone awry because of demands of space and time. Nevertheless, there is widespread recognition of the benefits of encouraging use of some of the easily accessible space.

6.20 In designing the Nelson, any space dedicated for community use should be easily accessible without relying on access through the entire hospital. The pavilion blocks fronting Kingston Road would perhaps be suitable for community meeting rooms or office space, as they could be accessible separately from the main hospital.

7.1 The policy context to the guidance in this planning brief is summarised in this section, which covers the various policy areas refers to the relevant policies. A detailed analysis of the most relevant policies is given in Appendix A to this SPD.

Government Planning Guidance

7.2 Planning Policy Guidance and Statements set out the Government's national policies on various aspects of land use and spatial planning.

7.3 Government Guidance most relevant to the redevelopment of the Nelson Hospital are referred to below:

- PPS 1: Delivering Sustainable Development (January 2005)
- PPS 12: Local Development Frameworks (September 2004)
- PPS 22: Renewable Energy (August 2004)
- PPG 13: Transport (October 2002)
- PPG 15: Planning & the Historic Environment (September 1994)
- PPG 16: Archaeology & Planning (November 1990)

The London Plan

7.4 The London Plan is produced by the Greater London Authority and is the statutory planning document for London as a whole and forms part of the development plan for the borough. The plan was adopted in February 2004 and consists of policies for the spatial development of the city. A number of policies in the plan are relevant to the redevelopment of the Nelson Hospital.

7.5 These policies are; Introduction Policy **11**; Broad Development Strategy Thematic Policies **3A.15**, **3A.16**, **3A.18***, **3C.1**, **3C.2***, **3C.3**, **3C.17**, **3C.18**, **3C.19**, **3C.20**, **3C.21**, **3C.22**; Crosscutting Policies **4A.1**, **4A.2**, **4A.7**, **4A.8**, **4A.9**, **4A.10**, **4A.11**, **4B.1***, **4B.2***, **4B.3***, **4B.4**, **4B.5**, **4B.6***, **4B.7**, **4B.9**, **4B.10**, **4B.11**, **4B.14**; Sub-regional Policy **5F.1**; and Implementation Policy **6A.4**.

7.6 Policies marked with an asterisk are particularly relevant to the successful redevelopment of the Nelson Hospital and are expanded upon in Appendix A of this SPD.

Merton's Unitary Development Plan

7.7 The Merton Unitary Development Plan (UDP) is the statutory planning document for the borough as a whole. It is part of the development plan for the borough. It was adopted in October 2003 and contains policies for the development of land in the borough. Its purpose is to guide development in the borough by setting out policies and proposals against which planning applications and development proposals will be assessed.

7.8 A number of policies in the UDP are relevant to the redevelopment of the Nelson Hospital.

These policies are;

Strategic Policies:

- ST.1***: SUSTAINABLE DEVELOPMENT
- ST.17***: BUILT ENVIRONMENT
- ST.18***: HERITAGE
- ST.22***: ENVIRONMENTAL PROTECTION
- C.8***: HEALTH FACILITY SITES
- C.9***: PROVISION OF HEALTH FACILITIES

Built Environment Policies:

- POLICY BE.1***: CONSERVATION AREAS, NEW DEVELOPMENT, CHANGE OF USE, ALTERATIONS AND EXTENSIONS.
- POLICY BE.2***: CONSERVATION AREAS, DEMOLITION.
- POLICY BE.3***: DEVELOPMENT ADJACENT TO A CONSERVATION AREA
- POLICY BE.14***: ARCHAEOLOGICAL EVALUATION
- POLICY BE.15***: NEW BUILDINGS AND EXTENSIONS; DAYLIGHT, SUNLIGHT, PRIVACY, VISUAL INTRUSION AND NOISE.
- POLICY BE.16***: URBAN DESIGN
- POLICY BE.22***: DESIGN OF NEW DEVELOPMENT
- POLICY BE.23***: ALTERATIONS AND EXTENSIONS TO BUILDINGS
- POLICY BE.25***: SUSTAINABLE DEVELOPMENT
- POLICY PE.9***: WASTE MINIMISATION AND WASTE DISPOSAL.
- POLICY PE.13***: ENERGY EFFICIENT DESIGN AND USE OF MATERIALS

Transport Policies:

POLICY PT.1*: LOCAL AND REGIONAL NEEDS

POLICY RN.3: VEHICULAR ACCESS

POLICY PK2*: CAR PARKING STANDARDS

POLICY PK.3*: CAR PARKING AND DEVELOPMENT

POLICY LU.3: TRANSPORT IMPACT OF NEW DEVELOPMENT

POLICY LU.5: DEVELOPER CONTRIBUTIONS

POLICY LD.3: PLANNING BRIEFS

POLICY F.2: PLANNING OBLIGATIONS

Policies marked with an asterisk are particularly relevant to the successful redevelopment of the Nelson Hospital and are expanded upon in Appendix A of this SPD.

Supplementary Planning Guidance

7.9 The Council has produced a number of subject based SPG documents. These cover areas such as Archaeology, Design, Designing out Crime, Sustainable Development and Sustainable Transport.

7.10 With commencement of the Planning and Compulsory Purchase Act in September 2004 bringing changes to the planning system, the council has also recently adopted a range of SPDs. Two SPDs of particular relevance are the Conservation Area Character Appraisals for Merton Hall Rd and Wimbledon Chase Conservation Areas. These SPDs form much of the basis for the design and conservation chapter of this brief.

7.11 Further details of Merton's Supplementary Planning Guidance and Supplementary Planning Documents are given in the background documents section of this SPD

Statement of Conformity of Proposals with Planning Policy and Guidance

7.12 It is considered that this SPD is in conformity with the national planning guidance as set out in Appendix A. It is considered so in relation to a number of relevant subjects including sustainable development, urban design, local distinctiveness, location of development and provision of community services, accessibility, community safety and pro-active planning.

7.13 It is considered that this SPD is in conformity with the London Plan, particularly with respect to sustainable design and construction and promotion of renewable energy infrastructure in non-residential developments.

7.14 It is considered that this SPD is in conformity with Merton's Unitary Development Plan. This is set out in detail in Appendix A, but is considered particularly in relation to sustainable development, urban design and conservation and the built environment.

Renewable Energy

8.1 Merton Council is committed to reducing energy use and promoting the use of renewable energy through its 10% renewable energy policy;

POLICY PE.13: ENERGY EFFICIENT DESIGN AND USE OF MATERIALS

The Council will encourage the energy efficient design of buildings and their layout and orientation on site. **All new non-residential development above a threshold of 1000m² will be expected to incorporate renewable energy production equipment to provide at least 10% of predicted energy requirements.** The use of sustainable building materials and the re-use of materials will also be encouraged, as will the use of recycled aggregates in the construction of buildings. This will be subject to the impact on the amenity of the local environment, taking into account, the existing character of the area.

8.2 Merton's renewables policy is supported by the London Plan policies 4A.9 and 4A.7 and the Mayor's supplementary planning guidance on Sustainable Design & Construction. The Mayor's Energy Strategy also provides targets for renewable energy equipment across the capital.

8.3 Means of generating at least 10% of the Nelson Hospital's energy needs on site may include the use of photovoltaic energy, solar-powered and geo-thermal water heating as well as energy crops and biomass (depending upon the source of biomass crops). However this must not include energy from domestic, industrial or clinical waste.

8.4 Compliance with the policy is required as a condition of planning consent. In order for the PCT to get a clear idea of costs it would be advisable that discussions are initiated early on in the design process to ensure that renewable energy equipment is incorporated effectively as an integral part of the development.

Combined Heat and Power:

8.5 CHP is a much more efficient way of producing energy as it provides both heat and electricity in one unit from burning a fuel, usually gas. Should the PCT propose to introduce a Combined Heat and Power unit into the hospital, the Council will recognise this as being beneficial to reducing the overall consumption of the building so thereby the Council will reduce the 10% renewables requirement to around 5%.

8.6 This is in recognition of the fact that although a CHP unit cannot be defined as a renewable energy source it does provide far greater benefits over a conventional boiler system, through being a very efficient generator of energy. A CHP is defined as a renewable source if biomass is used as the fuel although there can be issues regarding the transport and storage of the fuel.

8.7 The Council is actively looking at the feasibility of setting up a District Heat and Power scheme in the borough. This involves setting up a large CHP plant and then linking it to various developments/sites that require the power. The Nelson Hospital is an ideal site for a CHP plant as hospitals have a relatively constant demand for heating, electricity and hot water throughout the day.

Further Guidance:

8.8 Further guidance on the types of renewable energy sources can be found in the London Renewable Energy Toolkit.

http://www.london.gov.uk/mayor/environment/energy/renew_resources.jsp



9.1 The redevelopment of the Nelson hospital will mean a more intensive healthcare service being provided on site, which will impact on the local transport network.

9.2 A local care hospital will generate a number of visitors from across the borough and will impact upon the road network, public transport network, and in particular reference to NHS staff, impact on the network in terms of linkages between the Nelson and other local and critical care facilities.

9.3 At this stage, it is still unknown what services will be provided at the Nelson, which in turn means that there is yet no indication of the numbers of staff or visitors likely to be travelling to the Nelson.

9.4 The Council has no fixed policy in terms transport provision for hospitals and will therefore treat the Nelson proposals on its merits. This will involve early discussion with the PCT on the transport impact of the hospital once there is a clear indication of trip generation brought about by the hospital.

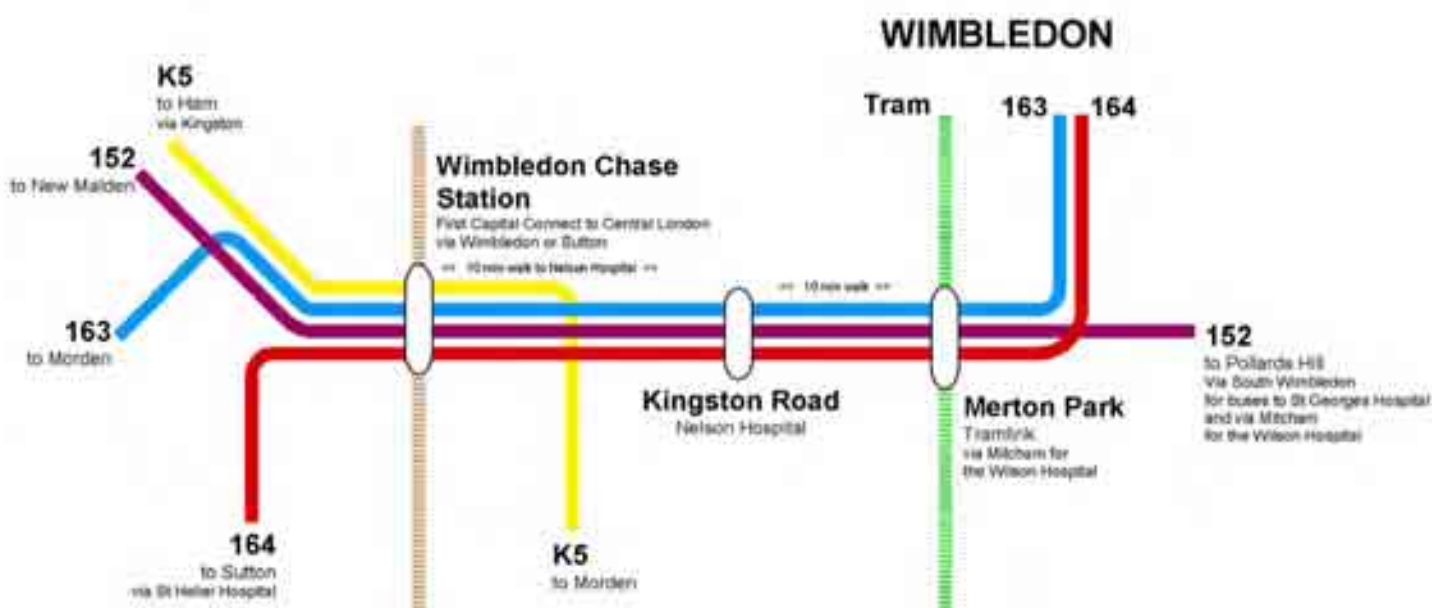
9.5 The proposals will be assessed against the current levels of staffing, visitors and trips generated by the present hospital. Should any inadequacies in the local transport network be identified, the Council will seek contributions to meet any rise in demand.

Public Transport Accessibility

9.6 The Nelson Hospital is located in an area with Public Transport Accessibility Level 3 (out of 6) as assessed in July 2005. This is in the upper levels of a mid range PTAL, where the borough's highest PTAL is 6. The site is well served by a range of public transport modes which will help reduce the need for car-based travel. Within a 10 min walk of the Nelson, there is access to local buses, tram and suburban and national rail services. (local transport services highlighted in the diagram below)

9.7 Public transport linkages with other healthcare facilities such as St Georges, St Hellier and the Wilson local care hospital exist, but require a change in either mode or service. Improvements to this situation will be sought to offset any increase in travel between the sites, particularly for NHS staff travel patterns between sites.

9.8 As a general rule, the Council will expect any improvements made to the public transport infrastructure and public realm to be designed to DDA standards. This included raising kerbs at bus stops and providing adequate seating.



Car parking standards

9.8 The Council has no set car parking standard for hospital developments, each case will be assessed in its own merits.

9.9 As an overarching principle, the Council will require that all of the hospital's parking and servicing needs are contained within the site to avoid hospital parking spilling over onto neighbouring residential streets. The option of a basement or deck car parking, in addition to surface parking is welcomed.

9.10 Parking should be predominantly short term with an emphasis on providing for vulnerable groups such as mobility impaired, elderly, women at night and staff who may be working early or late shifts. Allocation of car parking will be determined at a detailed planning stage, however the allocation should ultimately aim to reduce reliance on the car.

9.11 In designing a car park, it should be just that – a park. Protected mature trees surround the car parking area and the new car park will be expected to enhance the setting. This could be achieved by using permeable surfaces and planting rather than tarmac. This would also aid sustainable urban drainage.

9.12 If it is thought that the hospital will cause parking problems in the locality, the PCT will be expected to contribute to the consultation of, and potential implementation of an extension to local Controlled Parking Zone. At present the CPZ does not cover the hospital site or adjacent streets.

Cycle parking standards:

9.13 There are a number of cycle routes within close proximity to the Nelson site and linking the site to this network should be explored. The Council adopts Transport for London's cycle parking standard for hospitals, which is 1 space per 5 staff and 1 space per 10 visitors.

9.14 As part of sustainable transport strategy, the Council will expect long term cycle parking (for staff) to be secure and covered, perhaps accommodated inside one of the new blocks. Shower and changing facilities should also be provided to encourage more staff to cycle to work.

9.15 Visitor cycle parking should be located in a prominent location offering good natural surveillance and lighting levels. Again these facilities should be under cover where possible.



Odd twisted metal tubes?



But side-on, it's a bike...

Imaginative approach, combining cycle parking with art. Scottish Parliament, Edinburgh.

Servicing and Loading

9.15 Adequate provision is required for servicing, loading & unloading and turning facilities, on site and clear of public highway. In terms of audible disturbance to local residents, servicing facilities should be located away from neighbouring residential properties. Preferably an underground servicing and parking solution will be sought.

9.16 The proposals map indicates that servicing, if it is not accommodated underground, should be taken from The Rush, where servicing happens at present. However the Watery Lane access will be closed off to alleviate damage caused by tight turns on Watery Lane. This option minimises the number of residential properties that would be affected by servicing, when compared to other servicing options, such as alongside Cleveland Avenue or to the rear of Manor Gardens.

9.17 The PCT will be expected to give details of the type and frequency of servicing vehicles in their transport assessment as part of a planning application.

Community transport and taxis:

3.18 There will be patients who are unable to access the hospital by car or conventional public transport and may need to use community transport services. These vehicles should have a dedicated setting down space provided off the western vehicular access to the site. This could be integrated drop off space with scope to accommodate ambulances and taxis for setting down / picking up visitors.

Planning Application submission

10.1 This Supplementary Planning Document aims to encourage the submission of a full planning application for the appropriate redevelopment of the Nelson Hospital. A section 106 Planning Agreement will be expected to accompany any planning application. The Council's approach to planning obligations and developer contributions is set out in Policies ST.36, LU.5, F.1 and F.2 of the Council's Unitary Development Plan.

10.2 In accordance with the Council's aim of securing a sustainable redevelopment of the Nelson Hospital, the following documentation will be expected as part of any planning application:

- **Transport Impact Assessment**
- **Green Travel Plan**
- **Archaeology Assessment**
- **Sustainable Development Statement**
- **Design & Access Statement***

**Design & Access Statements are now a statutory requirement and is explained further in section 11 of this SPD.*

10.3 A planning application for outline consent will not be acceptable given the development will require substantial demolition works within a Conservation Area. The planning application must be detailed enough for the Council to make a judgement on the quality of the buildings intended to replace those demolished as part of the redevelopment.

10.4 The Council will expect the following details as part of a planning application

- Plan showing building layouts on site
- Detailed elevations for The Rush and Kingston Road frontages
- Sections through the site, showing height and relationship of new buildings to the retained blocks and neighbouring buildings
- Indication of materials to be used on the building exterior as well as those to be used in the streetscape.
- Indication of landscaping and planting to be proposed.
- 3D modelling to demonstrate scale, bulk and massing of the development.

Section 106 Headings

10.5 Circular 05/2005 provides the basis for the current system of obtaining planning benefits from developments. Commonly referred to as Section 106 agreements. (s.106 of the 1990 Town and Country Planning Act.)

10.6 Essentially an agreement between the Council and developer to mitigate or against the impact of proposals or to meet a policy objective. For example, provision of renewable energy infrastructure is a policy objective whereas a financial contribution may be required to compensate the need for deficiency in local amenity space.

10.7 An s106 agreement will be expected to include the following subject headings, in order to secure appropriate community and planning benefits. These benefits are highlighted to provide to offset the local impact of the redevelopment of the Nelson Hospital. Most of the benefits outlined are in response to problems already caused by the current hospital, highlighted in this SPD, such as car dominated public realm, accessibility by public transport and provision of community facilities.

- **Environmental Management Scheme**
(For the treatment and disposal of waste)
- **Combined Heat and Power Plant**
(Funding towards its development and connection to it, if CHP is favoured over the 10% policy. See section 8.5 of this SPD)
- **Landscaping and public realm enhancements to The Rush, Kingston Road and Blakesley Walk**
(Community Involvement, possible Council led design tender and appointment for The Rush. Footway and Highway improvements, Maintenance and upkeep of public spaces and landscaping)
- **Community Facilities**
(Provision for community facilities – meeting rooms, IT infrastructure, notice boards etc. Provided in response to ongoing consultation between the PCT and local interest groups, details being co-ordinated by the Nelson Community Reference Group)
- **Sustainable Transport Initiatives**
(Secure cycle parking & changing facilities, travel plans, bus infrastructure and service improvements, city car club, local CPZ consultation and potential implementation to mitigate against the transport impact of the new hospital)
- **Percent for Public Art**
(Contribution to the provision of art with the hospital and public realm in order to provide local distinctiveness and sense of place in the public realm)

11.1 From 10th August 2006, design and access statements are required as part of most planning applications - as set out in Department for Communities and Local Government (DCLG) Circular 01/2006.

11.2 A design and access statement will be required to supplement the planning application in order to explain and justify the design rationale for the new Nelson Hospital. The statement will help the Council to understand fully, the principles of the design proposals. The design and access statement will also help the Council in considering how well the proposals relate to UDP design policies and the advice given in the Councils Supplementary Planning Guidance documents and the site's planning brief.

11.3 The design and access statement should be the first step in the approach to developing plans for the Nelson Hospital. It should explain how the design has evolved and should not be an afterthought to merely justify a pre-determined solution. Early drafts of a design and access statement will be useful in any pre-application discussions.

Format and Structure of the Design and Access Statement:

11.4 The design and access statement should be a single document, accompanying, rather than being part of a planning application. The Council will not register a planning application for the Nelson Hospital redevelopment unless an adequate design and access statement is provided. The statement should be concise but cover all the necessary issues and demonstrate an integrated approach to design.

11.5 The design and access statement should explain the design principles and concepts that have been applied to particular aspects of the Nelson redevelopment.

The main inputs to the design process:

Explanation of the design process:

11.16 demonstrating that the designer has thought about how the new buildings and spaces have been informed by what exists on site and the local context.

Use:

11.17 explanation of where different uses will be accommodated in the development. For example, where community, clinical and administration functions will be located in the building.

The design details:

11.8 To establish a 3D form of the development, axonometric and CAD visualisations will be useful. However the scheme should also be explained in terms of:

Layout:

11.19 How the buildings routes and public and private spaces will be arranged on site and the relationship between them and the buildings and spaces surrounding the site. Designing out crime should also be considered at this level.

Scale:

11.20 Details of the height, width and length of the building will be required. The planning brief sets out maximum parameters for height and built area. The design and access statement should explain how these parameters have been taken into account.

Landscape Design:

11.21 How the open spaces will be treated and detailed to enhance and protect the sense of place. For example what trees, paving, lighting, seating and planting will be provided/retained. Details of how any open spaces or public realm will be managed will also be expected as part of the design and access statement.

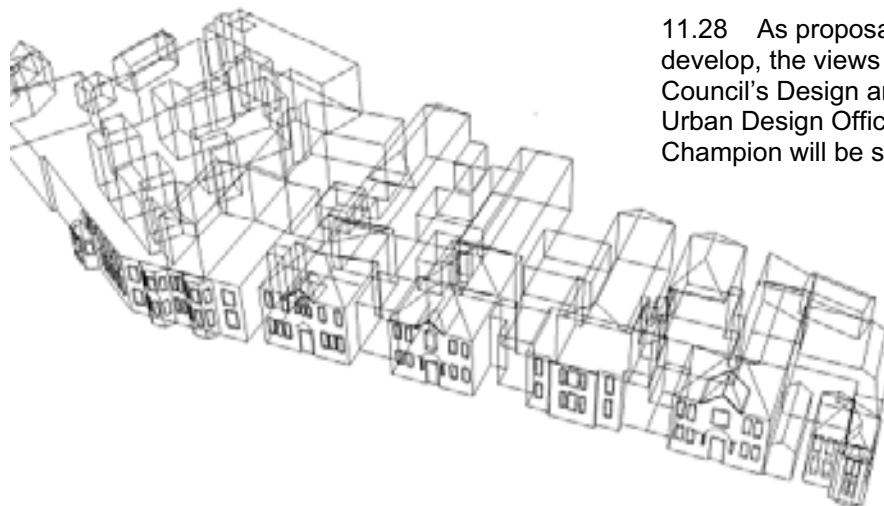
Appearance:

11.22 Details of all aspects of the development, which will affect the visual impression that the Nelson Hospital makes. The design and access statement should justify the principles behind the intended appearance of the building and spaces, for example, building materials and architectural details. Details on how accessibility has been considered should also form part of the statement.

Access and Inclusivity:

11.23 The access component of the statement relates to 'access to the development' rather than the internal aspects of individual buildings, which are covered by DDA legislation.

11.24 This section should explain how the hospital has been designed to allow individuals access to buildings, spaces and public transport. It should explain how everyone could get to and move around the building and why the points of access and key routes have been chosen. There should also be an explanation of how policy has been met and how any consultation has influenced the proposals.

**Design Champions**

11.25 The Secretary of State has announced that every NHS Trust and Primary Care Trust is to have its own design champion.

“Each hospital embarking on a new development will nominate a local design champion from the Trust board to ensure that the new building provides a high quality, patient-focussed environment with good working conditions for staff and buildings that make a positive contribution to the local neighbourhood”

Alan Milburn MP Secretary of State for Health
Building a better patient environment design conference
2001.

11.26 The NHS design champion will ensure:

- The building promotes civic pride
- Consumerism is taken into account patients and staff are consulted and their views addressed
- The building fits into the local surroundings and settings
- The building is fit for its purpose
- The building takes on board modern technology.

11.27 Merton Council also has its own Design Champion, Councillor John Bowcott who also chairs the Council's Conservation and Design Advisory Panel (CADAP)

11.28 As proposals for the Nelson Hospital develop, the views and guidance of the Council's Design and Conservation Officers, Urban Design Officers, CADAP and Design Champion will be sought.

Statutory Documents

- Town & Country Planning (Local Development) (England) Regulations 2004 (Part 5 (17&18) Public Participation)

National Policy Guidance

- PPS 1: Delivering Sustainable Development (January 2005)
- PPS 12: Local Development Frameworks (September 2004)
- PPG 13: Transport (October 2002)
- PPG 15: Planning and the Historic Environment (September 1994)
- PPG 16: Archaeology and Planning (November 1990)

Government Publications

- By Design: Urban Design in the Planning System: Towards better practice DETR & CABE (May 2000)
- Urban Design Compendium Llewelyn Davies, English Partnerships & Housing Corporation (2000)
- Creating Excellent Buildings – A guide for clients CABE (2003)
- Designed With Care - design and neighbourhood healthcare buildings CABE (February 2006)
- Design Quality and the Private Finance Initiative CABE (2005)
- Design and Access Statements: how to read, write and use them CABE (2006)
- Better Public Buildings – a proud legacy for the future Department for Culture, Media and Sport (October 2000)

- Community Involvement in Planning: The Government's objectives, ODPM (February 2004)
- Safer Places – The Planning System and Crime Prevention ODPM & Home Office (March 2004)
- Towards and Urban Renaissance Urban Task Force (1999)
- Planning and Development Briefs: A guide to better practice Llewelyn Davies & Drivers Jonas for DETR (April 1998)

Department of Health / NHS Estates Guidance and other references

- Better Health Buildings: Good design is a commitment to a better quality of life for all Department of Health & NHS Estates Centre for Healthcare Design (May 2002)
- Tomorrow's Hospitals: NHS design review programme Department of Health & NHS Estates (2004)
- NHS Estates Design Review Panel Department of Health & NHS Estates (2001)
- NHS Design Champions Department of Health, NHS Estates & CABE (2001)
- Advice to Trusts on the main components of the design brief for healthcare buildings. Department of Health, NHS Estates Design Brief Working Group (July 2002)
- The Design Development Protocol for PFI schemes: Revision 1 Department of Health & NHS Estates (August 2004)
- The Design Brief Framework for PFI Public Sector Comparators at OBC Stage Department of Health & NHS Estates (October 2004)
- Healthy Living Centres: A guide to primary healthcare design. Geoffrey Purves (2002) Architectural Press

Development Plan Publications:

- Greater London Authority:
The London Plan (February 2004)
- London Borough of Merton:
Unitary Development Plan (October 2003)

Supplementary Planning Guidance**Greater London Authority:**

- Sustainable Design & Construction SPD (2006)

London Borough of Merton:

- Archaeology SPG (September 1999)
- Design SPG (September 2004)
- Designing Out Crime SPG (September 1999)
- Sustainable Development SPG (October 2001)
- Sustainable Transport SPG (April 2004)
- Planning Obligations SPD (July 2006)

Other Council Publications:

- John Innes Merton Park Conservation Area Character Appraisal (2005)
- John Innes Merton Park Conservation Area Design Guide (1994)
- Merton Hall Road Conservation Area Character Appraisal (2005)
- Merton Hall Road Conservation Area Design Guide (1991)
- Wimbledon Chase Conservation Area Character Appraisal (2005)
- Delivering Good Design and Urban Design – Guidance for Applicants & Agents (February 2003)
- Street Design Guide, London Borough of Merton (March 2006)
- Merton's Community Plan 2006-2015 (June 2006)

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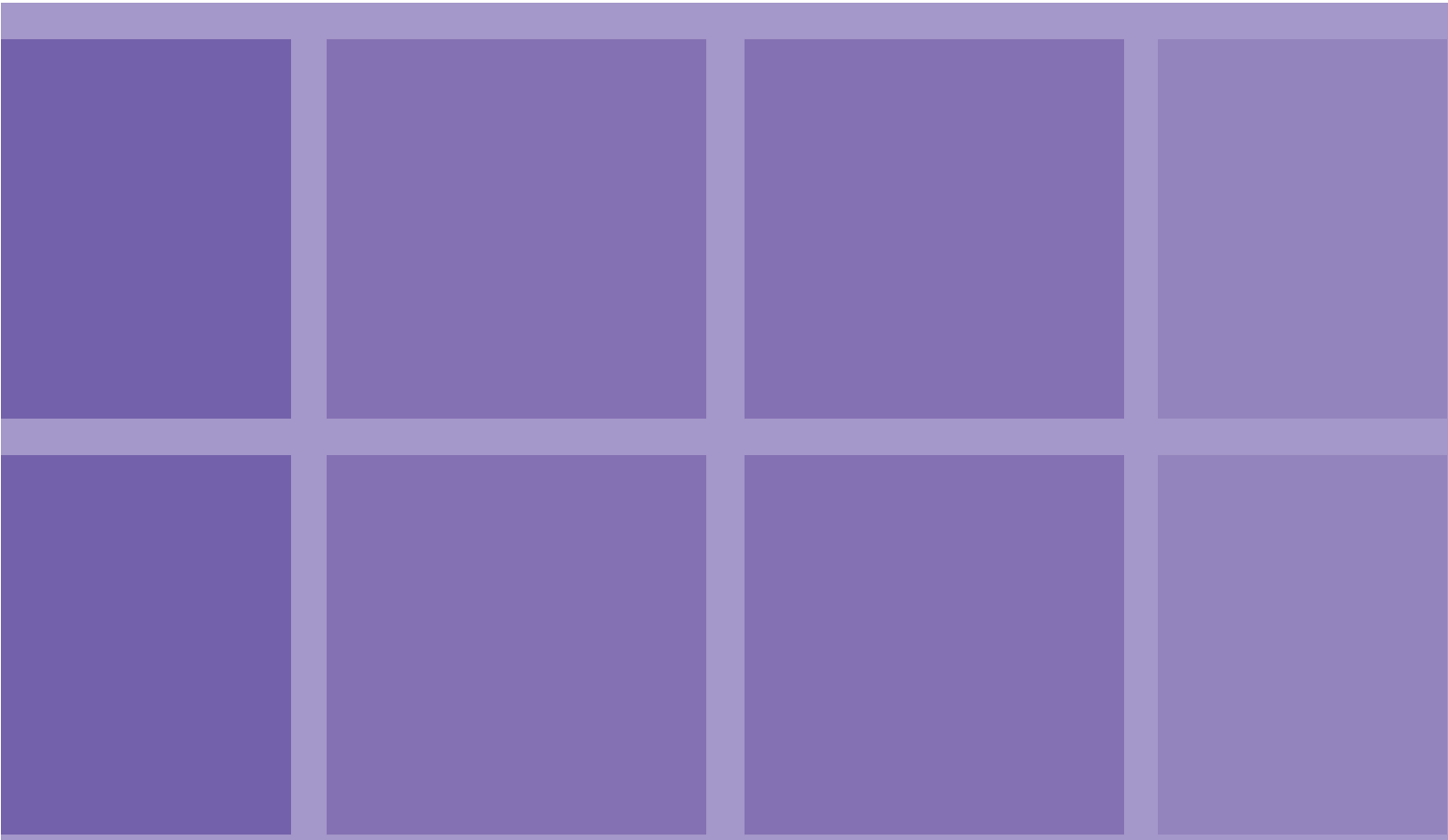
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Aerial Image | current building layout





Supplementary Planning Document
London Borough of Merton



Plans + Projects

London Borough of Merton
Civic Centre
London Road
Morden
Surrey SM4 5DX

