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Secretary of State  
Department for Communities and Local Government  
Eland House  
Bressenden Place  
London  
SW1E 5DU

14 April 2014

**Request to the Secretary of State under Regulation 4(8)(b) of the Town and Country Planning (Environmental Impact Assessment) Regulations 2011 for a screening opinion on Application 13/P2192**

Dear Secretary of State,

Application 13/P2192 is Schedule 2 development that forms part of a multi-stage application, in the form of *Grampian* style conditions, to original planning application 12/P0418.

The original application 12/P0418 was for:

Redevelopment of the Nelson Hospital site, including the former nurses' home and associated car parking area. The development comprises the following:

- 1) Construction of a new two/ three storey (5600 sq m) Local Care Centre (LCC), (incorporating retention of three pavilion buildings) and new access route, with 68 car parking spaces to the rear.
- 2) Construction of a new part two/ part three storey Assisted Living Extra Care Development (51 units) with associated communal facilities, dedicated vehicle access and 21 car parking spaces, involving demolition of all existing buildings on this part of the site.
- 3) Alterations, including new landscaping to The Rush, Blakesley Walk and Kingston Road.

The current application 13/P2192 (registered August 2013 but not yet determined) is for:

Discharge of conditions 4 (materials), 5 (site surfacing), 6 (boundary walls), 7 (floor levels), 8 (refuse storage), 9 (kitchen ventilation), 13 (planting scheme), 15 (arboricultural method statement), 18 (vehicle access), 22 (cycle parking), 23 (construction method statement), 24 (parking management strategy), 26 (archaeology), 30 (contamination), 34 (noise report), 42 (emissions - sub station), 44 (sustainable drainage) and 50 (Blakesley Walk footway works) attached to LBM planning application 12/P0418 dated 18/12/2012.

All plans and associated documents are available through Merton Council's online planning resource, Planning Explorer, which can be accessed via their website ([www.merton.gov.uk](http://www.merton.gov.uk)). Please do let me know if you require any further documents.

**Reason for Request**

As an urban infrastructure project of over 0.5ha, this project is Schedule 2 (section 10(b)) development as defined by the EIA Regulations. In the original application 12/P0418, the applicant requested a screening opinion from the local planning authority, London Borough of Merton. No screening opinion has been placed on the register, but it is apparent that the

application was treated as not requiring EIA, and was granted planning permission subject to conditions in December 2012.

The current application, 13/P2192 (registered August 2013), is still Schedule 2 development, but it is apparent from the recent case officer's report to the planning application committee that the council believes that this application does not require a screening opinion – this is counter to Regulation 9 of the EIA Regulations.

The case officer's report is available at:

[http://democracy.merton.gov.uk/documents/s3154/09\\_NelsonHosp\\_KingstonRd.pdf](http://democracy.merton.gov.uk/documents/s3154/09_NelsonHosp_KingstonRd.pdf)

(13 February 2014)

[http://democracy.merton.gov.uk/documents/s3669/01\\_REPORT\\_Nelson%20Materials%20PA\\_C%20March%20ver%202%202\\_rev.pdf](http://democracy.merton.gov.uk/documents/s3669/01_REPORT_Nelson%20Materials%20PA_C%20March%20ver%202%202_rev.pdf)

(27 March 2014)

In addition, since the initial screening request was made in February 2012, further information has come to light that may influence the decision as to whether EIA is, in fact, now required. Further details are included below.

Although development of the Local Care Centre has already begun, the “assisted living” development has not yet started. An EIA at this stage would be beneficial to identify those impacts where there is still the opportunity to include mitigation or even to avoid significant environmental impacts where they may cause harm.

For these reasons, I request that you provide a screening opinion on this application, and, if necessary, direct Merton council that this application requires an Environmental Impact Assessment.

### **Site and Surroundings**

The original Nelson Hospital site, covering a total area of 1.3 hectares, is situated on Kingston Road in Merton Park on the outskirts of Wimbledon, London Borough of Merton. Kingston Road is an A road and part of the Strategic Road Network. The whole of the borough is within an Air Quality Management Area.

The site comprises two adjoining areas of land separated by a public right of way known as Blakesley Walk. The land to the east of Blakesley Walk contained the hospital buildings dating from 1911. This part of the site falls within the Merton Hall Conservation Area. The part of the site to the west of Blakesley Walk was used as the car park for the Nelson Hospital and contained the former nurses' home known as Deas House, and some smaller outbuildings. This part of the site is not within a conservation area but is bordered to the east by both the John Innes Merton Park Conservation Area and the Merton Hall Conservation Area.

There are a number of trees on the site within the conservation area, as well as a large number of mature trees on the western side of the site that are covered by a blanket tree preservation order covering that entire part of the site.

Although Kingston Road is a busy A road, and heavily congested at times, the surrounding roads consist mainly of residential housing and are relatively tranquil.

The Merton Hall Conservation Area is characterised by the high quality building materials, architectural detailing and street trees. It includes the area called The Rush, a triangular area at the northeast of the development site, that is the origin of the original medieval Merton village. The John Innes Merton Park Conservation Area is characterised by the Arts & Crafts houses, quality building materials and architectural detailing, and the “semi-rural” character created by spacious gardens, hedging and the large number of mature trees lining most of the streets. Watery Lane and Manor Gardens, which border the development sites, also have Article 4 and Article 4(2) Directions further controlling development within these streets.

There are a number of Grade II listed and locally listed buildings in close vicinity.

### **Proposed Development**

The original proposal was for the demolition of the existing hospital buildings (~5,600 m<sup>2</sup>), except for the front facades of three pavilions, and demolition of all buildings on the west of Blakesley Walk.

The eastern part of the site is to be developed by SW London NHS as a 2/3 storey Local Care Centre (of ~5,600 m<sup>2</sup>), providing GP and other out-patient services as well as a pharmacy and cafe. The western part of the site has been sold to a private developer, McCarthy & Stone, who are proposing a predominantly 3 storey, "assisted living" block of 51 flats with associated guest rooms, communal dining and living areas, laundry, etc, of approximately 5,000m<sup>2</sup>.

The total floor area of the two developments will be almost double that of the existing hospital. Contrary to the statements made by the applicant, the developments do not conform to the maximum parameters for size and scale that were defined in the council's adopted Planning Brief. The assisted living development, in particular, is much larger in scale and covers almost the entire western part of the site.

The hospital was previously treating about 20,000 patients per year. It is anticipated that the new LCC will treat about 275,000 patients per year with extended opening hours from 8am to 8pm including Saturday mornings. This is a fourteen-fold increase in the number of patients alone visiting the site and could result in significant increases in traffic and pollution detrimental to local residents and impacting upon the conservation areas. Many of these patients will also be accompanied, and the LCC, with its extended facilities, will require associated deliveries, servicing, etc.

Currently, the planning permission does not include any conditions to control opening hours. Government pressure on GP surgeries to open for extended hours, up to 24 hours a day, could lead to even greater environmental impact.

It was initially anticipated that building materials would be re-used where possible (such as bricks and roof slates), but it has since been found that much of these were damaged too much during demolition to be able to be re-used.

### **Possible Significant Effects on the Environment**

#### *Impact on heritage assets*

Consideration of the potential impact on historic surroundings to date has been inadequate. Since the original planning application was granted planning permission, it has come to light that the statutory consultees, English Heritage and GLAAS, were not consulted. (The council claims to have sent letters of notification, English Heritage claims that neither they, nor GLAAS, received any notification). No Heritage Statement was supplied by the applicant.

Merton's Conservation Officer was not fully consulted and her opinion was withheld from planning committee members. Following a complaint to the Local Government Ombudsman, the Conservation Officer provided a statement to the LGO giving her retrospective opinion of the "assisted living" building. In it she states:

*"The approved building presents an unrelieved, continuous elevation along Blakesley Walk, having a more dominant impact on the character of Manor Gardens."*

English Heritage's PPS5 Practice Guide (in point 178) states:

*"It would not normally be acceptable for new work to dominate the original asset or its setting in either scale, material or as a result of its siting."*

It is indisputable that the 9m high x 90m wide “assisted living” building is larger in scale than the previous building facing the John Innes Conservation Area. The Conservation Officer’s statement confirms that she considers the approved building has a more dominant impact. Therefore it appears that there will very likely be a significant impact upon the historic environment from the “assisted living” part of the development. The LCC part of the development was not commented on, so it is possible that this will also impact on the conservation area.

#### *Effect on local amenity and quality of life*

Both developments will be situated very close to neighbouring homes and will cause significant loss of privacy and loss of light, with consequential impacts on residents’ quality of life. The “assisted living” development, in particular, fails both Council Supplementary Planning Guidance and BRE guidance on protection of neighbour amenity including loss of privacy from overlooking windows, balconies/roof terraces as well as loss of sunlight/daylight/outlook. No formal sunlight/daylight assessment was undertaken. The Local Government Ombudsman recently determined administrative fault by the Council because the impact on neighbour amenity had not been adequately assessed.

There will be some local impact from noise and light pollution (primarily from the car parks) as the car parking areas are situated at the rear of the buildings adjacent to the gardens of neighbouring homes.

Many of the trees screening the site have been felled without plans for adequate replacement screening.

#### *Transport and air quality*

The Transport Assessment document (supplied with application 12/P0418) indicates that there will be 200 staff at the new LCC facility dealing with an estimated 275,000 patient appointments per year (figure calculated by adding up all the estimates for new appointments). However there are no figures for staff or patients attending the Nelson Hospital previously. The assessment does not include any figures for delivery or service vehicles.

At least part of this information can be found in an older paper, *The Nelson Local Care Centre Outline Business Case* document (dated May 2009), which states: “Currently [2007/08] there is an outpatient service on the Nelson site only seeing 20,000 patients per annum”.

Assuming that this number has not altered significantly in the three years since, the change from 20,000 to over 275,000 patient appointments represents nearly a 14-fold increase.

The Transport Assessment document anticipates that 43% of new patients will arrive by car, taxi or motorbike, compared to a historic figure of 50%. But, in terms of absolute numbers, this equates to 118,250 patients versus 10,000, i.e. an increase of over 100,000 patients attending by motor vehicle (more than 200,000 vehicle trips per year). This means that, on average, a car will enter and leave the LCC site every single minute that the facility is open, from 8am until 8pm, creating noise and increasing pollution for local residents. However, it is unlikely that appointments will be spaced evenly – there will be peaks and troughs of activity throughout the day. Kingston Road is already a highly congested road within an AQMA, so any increase in pollution levels due to traffic fumes could be significant.

The entrance to the LCC car park will be located directly alongside the new “assisted living” flats which will house frail, elderly people – those people who will be even more likely to suffer health impacts from pollution. To date, an Air Quality Assessment has not been done, despite planning guidance recommending that it should.

The Transport Assessment document assesses the impact on highway movements by using the reduced number of car parking spaces that will be provided to estimate the number of vehicle movements, and concludes that there will be a reduction in the amount of traffic using

the site compared to previously. Any reasonable person can see that this conclusion, given the patient numbers, is absurd.

Unfortunately, the consequence of reducing the number of car parking places whilst simultaneously increasing the number of trips generated means that many patients arriving and finding that they are unable to park will inevitably be forced to trawl the nearby streets looking for a (very rare) parking spot. This could lead to further problems from pollution, spoil the character of the surrounding conservation areas and become a nuisance for local residents.

The council must be anticipating that there could be future problems – it has entered a S.106 agreement with the applicant for a payment to cover the costs of surveys and implementation of a controlled parking zone (CPZ) around the site, should the need arise. But introducing a CPZ, should the impact on parking in local streets be a problem, will not solve the problem – it will merely push the problem on to another location.

### Noise

The *Amended Acoustic Report* provided in March 2013 for application 13/P0403 (discharging some of the conditions for 12/P0418) assesses potential noise from the LCC car park and roof plant. Please note that noise from the LCC car park has been assessed assuming use from 8am until 6pm, based on one car movement per parking space per hour. This is clearly inadequate, given the number of anticipated patients as explained above, and the fact that the LCC is proposing to be open until 8pm. Also, it does not take into account cars entering the car park that are unable to find a parking space and have to leave again, or service vehicles.

Even with these parameters, the noise mapping figure on page 10 of the report shows that houses to the north of “acoustic receptor 4”, will suffer noise disturbance up to 65 db, well above the upper limit of World Health Organisation guidelines. It also indicates that homes on the north-east part of Watery Lane may also suffer noise levels exceeding WHO recommendations. From the cross-sectional analysis (page 11), the noise pollution appears to be even worse at upper building levels.

There has been no analysis of the anticipated noise levels at the entrances and exits of the car parks – areas very close to residential housing where vehicles are likely to be congregating, accelerating and decelerating.

Of course, government pressure on GP practices to open 24 hours could lead to extended opening hours, and further environmental impact.

### Trees and ecology

In their screening request letter, the applicant explains that “...*the use of native [trees] and shrubs throughout the sites will help to increase biodiversity and replace any lost habitats resulting from the removal of existing trees. Approximately 30 trees will be removed... however 80 new trees will be planted and will significantly improve the biodiversity and public realm of the sites.*”

However, this statement is incorrect. The Landscape Statement shows that 58 mature trees, some up to 100 years old, many previously protected by TPO, will be felled, mostly from the western part of the site. The Planting Plans show that many of the proposed replacement trees will not be native British trees, and will be relatively small saplings – smaller, in fact, than existing saplings that will also be removed from the site, but which are excluded from the Landscape Statement because their trunk diameter is less than 75mm.

Most of the trees being removed are mature specimens with very large leaf canopy. The Trees and Design Action group’s guide for decision makers, *Trees in the Townscape* states:

Depending on species, it takes between 15 and 40 years for a tree to grow a sufficiently large canopy to deliver meaningful aesthetic, air pollution removal,

rainwater management, and other benefits. From a nature conservation perspective, the older a tree, the richer its wildlife. As a result, even when the planting of a new tree compensates for the felling of an older one, a significant loss is incurred.

To date, the council has not made any consideration of the extensive loss of tree canopy or its contribution to control of pollution or control of flooding. The loss of so many large, mature trees will not be compensated by planting of immature saplings for fifteen years or more. The statement by the applicant that 80 new trees “*will significantly improve the biodiversity and public realm of the sites*” is difficult to reconcile – it is certainly not supported by the evidence.

Unfortunately, many of the trees have already been felled. Residents have made various suggestions for mitigation by improvements in the green infrastructure, such as the addition of green roofs, green walls, more trees and hedge planting, but these have all been rejected. A full assessment of the impact from the loss of so many mature trees, along with recommendations for mitigation, is now required.

#### *Soil contamination*

Ground sampling has revealed some evidence of hazardous substances. Waste soil from the construction sites may require special disposal.

#### *Waste processing*

The LCC will generate waste that is hazardous (clinical, radioactive, infectious, offensive), linens, etc, in addition to normal “household” waste. This will require specialist storage and removal from the site.

### **Conclusion**

Application 13/P2192, registered in August 2013 but yet to be determined, is Schedule 2 development that has not been subject to a screening opinion by Merton Council.

A screening opinion on the original application 12/P0418 was requested by the applicant but is not available to view on the planning register. No EIA was done.

The original application lacked vital information for the council to prepare a fully informed screening opinion. We have reached a situation with the current application where:

- English Heritage, as statutory consultee, has been unable to comment at any stage to date;
- The Conservation Officer has stated that the “assisted living” development will have a more dominant impact on the conservation area;
- No Heritage Statement was submitted;
- No Sunlight and Daylight Assessment was done;
- No Air Quality Assessment was done;
- Tree Amenity Values were not assessed;
- Assessment of impact on neighbour amenity was inadequate.

There may be other impacts that I have not referred to in this letter, particularly short-term impacts due to the demolition and build processes, but I believe the issues that I have addressed above should be sufficient to warrant an Environmental Impact Assessment be recommended for this planning application.

I would be very grateful if you would confirm receipt of this letter and let me know whether you intend to issue a screening opinion at your earliest convenience.

Sincerely,

Tracy Breakell

