

PRE-CONSULTATION DRAFT SPD ON BROMPTON HOSPITAL: DECEMBER 2013
COMMENTS OF THE KENSINGTON SOCIETY

The Kensington Society would like to comment on the pre-consultation draft material which will inform the Draft SPD for the estate of the Brompton Hospital. We were unable to attend the exhibition before Christmas, but are making the comments below based on the exhibition material on the website. Please consider this as a contribution to the draft SPD.

Main concerns:

Our main concerns are:

- **Draft is essentially a feasibility/scoping/valuation exercise – paid for by Brompton Hospital, produced by Council:**

The Brompton Hospital regards this SPD as a means of valuing its estate – the value will be dependent on the permitted uses. There is no clear indication of how much a new hospital would cost and how much the Brompton propose to raise and whether, indeed, they are just trying to maximise the receipts even if they were to be considerably more than that required to build the new hospital on next to the current Brompton Hospital in Chelsea. Current indications suggest that their proposed change of use and sale would greatly exceed the cost of the new hospital. We need far more information to assess whether all of these proposals are essential to raise the cost of financing this hospital or whether this just a general fundraising opportunity for the Trust.

The Council has produced a brochure, the website pages and an exhibition and will be producing the Draft SPD, but this is financed by the Brompton Hospital. We are concerned that document should be seen as independent and not as an advocacy vehicle for the Hospital which compromises the Council's Core Strategy.

The Society is sympathetic to the proposal for the hospital to maintain and expand its facilities on a consolidated site next to the current hospital, but is concerned that the current exercise appears to be a cross between a feasibility study and an exercise to realise the maximum value from their estate, without much regard for the Council's policies for retaining social and community uses (ie CK1) and for resisting the loss of housing units (UDP Saved policies H1 and H2 and Core Strategy policies CH2(f) and CH3(a))

- **no overall strategy or indication of the objectively-assessed need:**

There is no overall hospital strategy or justification. We would expect:

- a presentation of what the hospital wants to achieve without any reference to the buildings or quantities – we understand that it may be as much as 25,000sqm hospital building;
- a statement of how that strategy is not being met now; and
- a proposal for meeting the strategy in the future which could then and only then relate to the buildings.

The building proposals need to come out of this strategy. What we see is a "let's do this" approach with what looks like a building-led approach and not an approach based on objectively-assessed need.

- **the firm application of Core Strategy CK1: resisting the loss of hospital use on Fulham Road**

Although most of the sites are outside the area of benefit of the Society – the boundary is Fulham Road and only one site is within our area, 1-11 Foulis Terrace – these proposals raise significant issues of principle with regard to the operation of Core Strategy Policy CK1,

which seeks to resist the loss of social and community uses, in this case the change of use of the South Block from hospital use to housing, when, using a sequential approach to change of use, it is clear that there is a strong need for it to remain in hospital use by the Royal Marsden if not for the Brompton

We are concerned that the process for protecting such uses is rigorously applied. Any claims with regard to what the money would be used for to support an assertion that it is all needed as enabling development for the Brompton Hospital to build a new hospital in Chelsea needs to be rigorously tested.

We are primarily concerned with the proposed change of use of the South Block on Fulham Road from hospital use to housing. We understand that, although the Brompton Hospital does not need it as they are proposing a new hospital next to their existing hospital, there is indeed a very real need for it to be retained in hospital use to enable the Royal Marsden Hospital to expand onto the only possible site it could acquire. Such a disposal would have a double benefit – remaining in hospital use **and** be enabling, as the Brompton Hospital would undoubtedly achieve a full market price for a hospital use.

- **loss of housing through converting houses currently in flats in Foulis Terrace into single-family houses:**

We are concerned that the Council may be compromising its policy for retaining HMOs and even the diversity of size of units. Changing from an HMO housing hospital staff to private single family housing would involve a considerable loss of housing units.

General note on the exhibition boards:

- the sizes (the office, retail and existing housing sqm) and the building heights (not in storeys but in metres) should be noted. Important for future reference and 106 agreements.
- Streets are mentioned but there is no map which names the streets. The map on the first board should have the street names as well as Dovehouse Green and the important buildings such as the church, fire station, library etc.
- There is no traffic plan and with a major hospital this it will be required. Watch out for Dovehouse Street becoming an major access for emergency access.

Comment on each board:

Royal Brompton Hospital board:

- Background: The first section states that we are so lucky that the RBH will stay – great. But no reason given for why they are staying. The reason for staying needs to be stated.
- Local policy: There is no strong indication of the policy constraints (eg CK1)
- We do not have a problem with enabling works, but SPD will need to be clear about whether this is really necessary (eg retention of South Block)
- We do not like the use of “normally” which leaves a doubt as to the force RBKC will implement their policies, in:
- “The Council normally resists the loss of office and retail uses but a like-for-like provision may significantly reduce revenue for redevelopment”.
- “the Chelsea Farmer’s Market area has an established retail need so replacement floorspace would normally be required” and

- “Houses in Multiple Occupation - the Council normally resists the loss of Houses in Multiple Occupation, but requiring (sic) retention 102 HMO units would significantly reduce revenue for consolidation of the hospital”.
- RBKC SPD should state the policy is to retain HMO – this is an omission to which we strongly object.
- Why is this statement here? “Dovehouse Street hospital buildings - the Council has a duty to conserve and enhance the character and appearance of conservation areas”. What is wrong with the appearance of this building? Is the stage being set to allow demolition? There certainly are others which should be mentioned before Dovehouse Street?

250 King’s Road and 151 Sydney Street board:

- The Issues: we do not agree with lumping these two sites together. They are very different and should be treated separately though perhaps in the same section.
- There is limited mention of the court which separates the buildings – only in the first option. The court is important and should be noted as such in the Issues.
- What is wrong with not having retail on this section of King’s Road? Is it important to continue the retail?
- No mention of the “backside” or rear of the buildings which actually face Dovehouse Green. This needs to be noted as protected and that the locals would not welcome retail facing the park. Also we would assume the access through the park is important and should be kept

117 – 125 Sydney Street board

- Again the entire sqm size of the existing **retail** needs to be recorded as a bench mark for the future not just the Chelsea Gardener.
- Issues: why is the first statement “Current uses likely to be displaced by any future redevelopment”? It is obvious but is it accepted? If so the sqm may not be protected.
- Is the statement “No relationship to Dovehouse Green” correct. It appears to have a connection or path from the green to the southwest corner?
- Watch out for statements such as “Shop uses at 117-123 have a high turnover and may not be viable”. They are not viable because of the facilities and the infrastructure of the **existing** space. Is RBKC trying to say that if not viable then not required to be replaced?

Hospital Sydney Street board

- Why is the building not proposed to be demolished and rebuilt? The statement “The style of the building seems alien when compared to the surroundings”. And what back up is there to the statement “Although this building is architecturally unsympathetic building, particularly at upper floor levels, total redevelopment cannot be justified”. Is this correct? What are the justifications for this?
- “There is an essential, but unattractive, surface level car park which detracts from the main entrance on Britten Street”. Though not mentioned in the options this

statement opens the door for development on the corner. Is this acceptable?
And if so, should it be suggested?

- Not sure how you can “improve the external façade” and the justification for the cost of doing so.

Hospital Dovehouse Street board

- Needs better documentation as exactly where are the “series of poor quality temporary buildings and extensions have been added”. The statement “These buildings do not suit modern hospital requirements and it is difficult to connect them efficiently to the main hospital building. They will need to be demolished, at least in part” opens the door to more than you may want demolished. There is need for the exact location of these extensions and what is acceptable to be demolished.
- The only reference to the proposed uses is the last of the options. It needs to be clear that hospital use will be retained and residential use will be opposed or even refused.

South Parade board

- “Conversion to residential use would be relatively easy as some elements of the building are already used as accommodation”. Again this type of statement needs qualification. How much residential accommodation is existing? How much is hospital? It is important as in the end of the report there should be a sqm analysis of existing use and the changes proposed.
- Option refers to “apartments”. What does this mean? Private, affordable, for the staff? For visiting relatives? Are a few private homes?
- Where is the “Nurses’ Home”? Referred to be not located on the plan so option 2 and 3 hard to assess.
- Should have some reference to the rear of the building? If demolished what is acceptable for the rear?

1-11 Foulis Terrace board

- Again the sqm is important. What is the sqm of the HMO (how many units) and of the nursery?
- Is the nursery part of the hospital or a private use?
- We do not like the statement “The HMO use is protected by Core Strategy policy but these are not conventional low-cost accommodation and provide minimal benefit to the general public.” This opens to door to loss the HMOs totally or without any negotiation for the replacement with affordable housing. We are concerned about the tone of this.
- On the “Retain HMO use” in the options, there seems to be no alternative to “private houses”. Why no flats of a range of sizes addressing the need for smaller units in the area?