

St Clements Hospital Site

Bow Road

London E3

Planning Brief



May 2005

Summary

St Clements Hospital Preferred Use for the Site:

Residential including 3,000 sqm primary health and social care facility (1,000 sqm joint health and social care & 2,000 sqm specialist Physical & Sensory Disability Centre)

Key Redevelopment Issues:

1. *Site suitable for a high quality innovative redevelopment, incorporating contemporary design into a complex historical site.*
2. *The whole St Clements Hospital site is listed.*
3. *Proposals should respect the setting of listed buildings and the character of the Tower Hamlets Cemetery and the Tredegar Square conservation areas.*
4. *The Tower Hamlets Cemetery (to the south of the site) is designated as Metropolitan Open Land and as a Site of Nature Conservation Interest.*
5. *The Council anticipates good design in any development proposal.*
6. *Proposals should respect and respond to the neighbouring buildings.*
7. *Proposals should provide 35% affordable housing - 80:20 mix social rented:intermediate housing.*
8. *Minimum parking.*
9. *Density on site is expected at 450-700 habitable rooms per hectare.*
10. *Open space and amenity space to be provided on site.*
11. *Publicly accessible routes through the site to be provided.*
12. *Any planning application shall be supported by a Conservation Management Plan, EIA (to include consultation with our environmental health officers) Design Statement, Transport Assessment, Access Statement and Travel Plan (other requirements are listed in section6).*
13. *A section 106 agreement will be entered into securing amongst other things affordable housing, health and social care facility and access through the site.*
14. *The applicant will be expected to undertake pre-application consultation with the local community.*

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1. Introduction

Reasons for and Status of the Brief

- 1.1 The clinical services currently located at St Clements Hospital (formerly the City of London Infirmary) are to be transferred to a new, purpose built, Adult Mental Health Facility at Mile End Hospital (also within the London Borough of Tower Hamlets) in October 2005. The majority of the St Clements site will then become surplus to requirements and will be available for disposal. A plan of the site is included at Appendix A.
- 1.2 The local NHS Stakeholders are jointly managing the disposal of St Clements. These comprise:
 - Tower Hamlets Primary Care Trust;
 - North East London Strategic Health Authority;
 - East London and The City Mental Health NHS Trust (ELCMH NHS Trust);
 - Social Services Department, London Borough of Tower Hamlets.
- 1.3 This Planning Brief was initially prepared by Drivers Jonas on behalf of the NHS Stakeholders and Tower Hamlets Borough Council (the Council) and amendments to the Brief have been made by the Council, in response to the statutory consultation process. The Brief sets out the planning principles to be considered in the preparation of development proposals for the St Clements Hospital Site. It also aims to secure development which is appropriate for, and maximises the benefits of, the site's quality urban location and which accords with the Council's planning and conservation objectives.
- 1.4 The Brief is considered an important element of the Council's planning strategy for the St Clements site. It takes into account the statutory planning framework established by the Council's adopted 1998 Unitary Development Plan (UDP) and First Deposit Draft UDP 2004,. The Brief also has regard to the London Plan, relevant Planning Policy Guidance notes (PPGs) and relevant Supplementary Planning Guidance (SPG) issued by the Council. During the interim planning period (before the introduction of the Local Development Framework [LDF]) the Brief will be regarded as interim planning guidance.

Current Future Health Care Provision

- 1.5 The London Borough of Tower Hamlets and the NHS are committed to providing further improvements to healthcare facilities within the Borough.
- 1.6 The current facilities at St Clements provide in-patient and out-patient adult mental health facilities, child and adolescent mental health services, a specialist addiction unit and corporate offices. However, the Hospital does not provide an appropriate environment for patient care. The April 2003 Commissioners for Healthcare Improvement (CHI) Report highlighted the need to move patients from St Clements to more appropriate accommodation as a matter of urgency.
- 1.7 The proposed purpose built hospital at Mile End will provide modern facilities to include single bedrooms, many with en-suite facilities, allowing segregation

of genders and improved day facilities, providing natural light and well ventilated patient areas. The development will also include support accommodation such as therapy and an intensive care suite.

- 1.8 Additionally, the existing Children and Adolescent Mental Health Unit at St Clements is to be expanded and relocated to a new development at the Newham Centre for Mental Health. Whilst this unit will be situated outside of the Borough of Tower Hamlets, it will serve residents of Tower Hamlets, as well as residents of Newham and Hackney, providing a modern environment and a bespoke facility to serve the children of the three Boroughs.
- 1.9 The next ten years will see further significant investment in healthcare within Tower Hamlets with the following healthcare developments planned within the Borough:
- Redevelopment of the Royal London Hospital, Whitechapel;
 - New Pathology and Pharmacy Development, Whitechapel;
 - Upgrade of existing building at Mile End for patients and support services;
 - Creation of Primary Care Trust (PCT) accommodation and Specialist Addiction Services at Mile End;
 - Local Improvement Finance Trust (LIFT) developments within the community;
 - Upgrade of 18 rehabilitation beds at 'The Green';
 - Retention of 1,000 sqm of health uses at the St Andrews Hospital site;
 - Re-use of the Queen Elizabeth Hospital site at Hackney for a mix of uses, including health and social care.

Ongoing Operational Requirements at St Clements

- 1.10 There is a requirement, by the London Borough of Tower Hamlets Social Services Department, to relocate primary health and social care services provided by Tower Hamlets Primary Care Trust to new or refurbished accommodation on the St Clements site. This provision is expected to be provided in shell and core.
- 1.11 The requirement is for a total floor area of 3,000 sqm gross, comprising a joint health and social care facility of 1,000 sqm gross for a primary care resource centre and 2,000 sqm for a specialist Physical and Sensory Disability Centre for Independent Living, serving a population of 10,000 to 14,000 people. This facility is likely to have a requirement for 10 parking spaces.

2. The Site and Surrounding Area

Site and Building Description

- 2.1 The St Clements Hospital currently occupies a site of approximately 4.57 acres (1.85 hectares). It comprises a collection of hospital buildings of varying age and quality providing a total of about 11,000 sqm (GIA).
- 2.2 The whole of the site is included within the boundaries of the Tower Hamlets Cemetery Conservation Area (the Conservation Area) and the northern boundary adjoins the Tredegar Square Conservation Area. The St Clements Hospital site is listed (1973) in its entirety (this includes all buildings within the cutilage of the site) and thee Council will therefore pay special attention to the desirability of preserving the character and appearance of the area. The boundary of the Conservation Area is shown on the plan at Appendix B.
- 2.3 LBTH conservation officers have produced a character statement for the listed St Clements site and this should be addressed for all future applications/discussions with regards to the hospital site. This character statement is contained in section 4.

Surrounding Area

- 2.4 The St Clements Hospital site is bounded by Bow Road to the north, residential terraced properties to the west (Brokesley Street), the residential British Estate on British Street to the east, and the Tower Hamlets Cemetery Park to the south. A public footpath runs along the southern end of the site but there is no direct access from the Hospital.
- 2.5 Properties on British Street are ground plus 3 storeys, whilst properties on Brokesley Street comprise a terrace of flat roofed ground plus 1 storey residential properties.
- 2.6 The site benefits from excellent links to the City and West End via the nearby Mile End Underground Station, which is served by the Central Line and by the Hammersmith and City and District lines. The site is also within walking distance of Bow Road Underground Station, which is also served by the District and Hammersmith and City Lines and Bow Church Station, which is served by the Docklands Light Railway. A number of bus services stop via Bow Road on their way to and from the City.
- 2.7 Mile End is, in general, densely populated and mainly comprises residential uses. There are in addition a number of commercial (office, light industrial and retail) facilities on Bow Road.

Ownership and Occupation

- 2.8 The East London and The City Mental Health NHS Trust has the freehold interest in the site.
- 2.9 The sub soil of the strip of the Hospital that fronts on to Mile End Road is owned by the London Passenger Transport Board.
- 2.10 There is an Agreement, made with the Local Authority in 1976, concerning the creation of two openings in the eastern wall of the Hospital, access over the Council's adjoining land (in British Street – which is a private road) and the use of two fire hydrants. The benefit of the Agreement cannot be assigned

without the Council's consent and either party can terminate it on 12 months notice and the rights can only be exercised in an emergency.

- 2.11 There is a Lease of an electricity sub-station to the LEB. Consideration should be given to the location of the chamber and the rights granted under the Lease.

3. Planning Policy Framework

- 3.1 Section 54A of the Town and Country Planning Act 1990 requires that planning applications are determined in accordance with the provisions of the relevant development plan, unless material considerations indicate otherwise.
- 3.2 In considering the development potential of the property, it is therefore important to consider the policy framework within which any decision on a planning application for development or change of use would be made.
- 3.3 In accordance with national, strategic and local policy guidelines, this Brief seeks to encourage a sympathetic redevelopment of the hospital site. The Council considers that there is scope for a medium density scheme, respecting and enhancing the character of this listed site.
- 3.4 The key relevant planning policy guidelines are outlined below. Other relevant policies and guidance will also be taken into consideration in the Council's assessment of any planning applications submitted.

National Planning Policy Guidance

- 3.5 Planning Policy Guidance Notes (PPGs) provide a framework and guidelines for the creation of regional and local planning policy, and constitute a consideration in the determination of planning applications. The following PPGs are considered to be of most relevance (but are not exclusive) for an assessment of proposals for the redevelopment of the St Clements Hospital site.
 - **Planning Policy Statement 1 (PPS1) - Delivering Sustainable Development 2005**
 - **Planning Policy Guidance Note 3 (PPG3) – Housing January 2005**
 - **Planning Policy Guidance Note 13 (PPG13) – Transport 2001**
 - **Planning Policy Guidance Note 15 (PPG15) – Planning and the Historic Environment 1994**

The London Plan

- 3.6 The London Plan was formally adopted in February 2004 and provides a Spatial Development Strategy (SDS) for the Capital. There is a requirement that all unitary development plans should be in 'general conformity' with the London Plan. The Government has advised that it is only where an inconsistency or omission would cause significant harm to the implementation of the SDS that a UDP should be considered not to be in general conformity. Furthermore, the fact that a UDP is inconsistent with one or more policies in the SDS, either directly or through the omission of a policy proposal, does not, by itself, mean that the UDP is not in general conformity.
- 3.7 Planning applications that do not accord with the proposals in the UDP and which involve more than 2,500 sqm of floorspace in any Use Class (except Class C3), over 30m in height or more than 500 residential units must be referred to the Mayor.
- 3.8 The Mayor has introduced sub-regions as the best way to develop the strategic policies in the London Plan and to provide a focus for their

implementation. Tower Hamlets is located within the East London sub-region. There is a commitment to identifying capacity to accommodate new job and housing opportunities and appropriate mixed use development; maximise the number of additional homes, including affordable housing; and ensure that social and community infrastructure is retained, enhanced and expanded where needed.

- 3.9 Other Mayoral policies will apply to applications made on the St Clements Hospital Site.

Tower Hamlets Policy Framework

- 3.10 The Tower Hamlets UDP was adopted in 1998, as saved under the Local Development Scheme (LDS). The emerging Local Development Framework (LDF) will replace the UDP and the First Deposit Draft UDP (Deposit Plan) published for public consultation on 27 May 2004. The Deposit Plan is currently a material consideration in its own right and the material included in it will inform the LDF, gaining weight it goes through the new process to adoption. The relevant First Deposit Draft Policies are listed below, in relation to the site. However, applicants will need to be mindful of the relevant policies contained within the adopted 1998 UDP.

The St Clements Hospital Site

- 3.11 The UDP highlights the Council's concern to ensure that land and buildings previously used for health care, that are no longer required for operational purposes, are released and made available for other uses in accordance with the land use and environmental policies of the UDP.
- 3.12 The St Clements Hospital is designated as Social and Community Facilities on the adopted UDP Proposals Map. Schedule 2 of the UDP (Commitments and Proposals) identifies it for "institutional use, including education".
- 3.13 The Deposit Plan includes the site within Schedule E "Social Facilities". The Schedule states under the preferred use for the site that a 'Development Brief' is required. The Schedule does not currently specify the preferred use. However, it is anticipated that this part of the Deposit Plan will be amended through the LDF process to reflect the Planning Brief.

Housing

- 3.14 Policy HSG2 of the Deposit Plan states that the Council will assess the capacity of the social and physical infrastructure as a result of development, and may phase approvals based on capacity. In addition revised Policy HSG2 indicates that master plans and development briefs will be prepared for larger sites, to ensure capacity issues are determined in a holistic way, in accordance with the relevant Schedules and the Area Action Frameworks.

Affordable Housing

- 3.15 The affordable housing target contained within the Deposit Plan is set at 35% of the gross floorspace of the development. This is to be provided on-site, on all housing sites including those in mixed-use with the capacity to provide 10 units or more - provision will increase to 50% if provided off-site (Policies HSG4 and SP5).

- 3.16 The Deposit Plan requires all new residential, mixed-use developments and redevelopment schemes to comprise a mix of affordable and intermediate market housing (Policy HSG5). Policy HSG5 further states that the Social Rented to Intermediate ratio split for affordable housing will be 80:20.
- 3.17 The Council is also seeking to ensure through planning conditions and legal agreements that affordable housing provision remains available for successive occupiers as well as initial occupiers of the property (Policy HSG7, Deposit Plan).

Housing Mix and Density

- 3.18 The Deposit Plan Policy on 'Dwelling Mix and Type' (Policy HSG8) is more general and states that the Council will ensure that housing accommodation in new residential developments and mixed-use schemes include housing types and sizes to meet local needs.
- 3.19 The emerging UDP also requires that all new residential units meet 'Lifetime Homes' standards and 10% of new housing must be specifically designed to wheelchair / mobility standards (Policy HSG10, Deposit Plan).
- 3.20 Policy HSG9 of the Deposit Plan provides an update on housing density and states that the highest development densities will be sought throughout the Borough as detailed in Standard 2 of the Plan.
- 3.21 Planning Standard No.2 details the Council's updated position on density standards and introduces a Tower Hamlets Density Matrix. Standard No.2 refers to Transport for London's London-wide public transport accessibility indicator (PTAL) which aims to assist locational planning. The method allows differences in public transport to be taken into account. In determining residential densities for a site the Tower Hamlets Density Matrix highlights the significance of public transport accessibility, using the PTAL scoring method.
- 3.22 Planning Standard No.2 states that Tower Hamlets location demonstrates a high level of accessibility across the Borough scoring a PTAL range of 4-6 (good and very good accessibility to public transport). The St Clements site is identified as having a PTAL score of 6a.
- 3.23 The suggested residential densities for areas with a PTAL score of between 4 and 6 are as follows:
- 450 – 700 habitable rooms per hectare (165 – 275 units per hectare) for flat development;
 - 200 – 450 (55 – 175 units per hectare) for terraced houses.
- 3.24 The Council requires all new housing development to include an adequate provision of amenity space and publicly accessible open space.

Mixed Use Development

- 3.25 Policy EMP2 of the Deposit Plan promotes mixed-use development, particularly in areas with good public transport accessibility subject to a number of criteria similar to those contained in adopted Policy DEV3.
- 3.26 The Council considers that the combination of locational, environmental and mixed-use policies, can, by reducing the need to travel, help promote environmental and energy efficient objectives and provide substantial

economic benefits. The Deposit Plan recognises that mixed-use schemes can provide an opportunity to increase densities in a sustainable manner where there is good access to public transport.

Controlling Impact of Development

- 3.27 Policy ENV1 of the Deposit Plan concerns amenity and states that permission will not be granted for development that causes demonstrable harm to the amenity of occupiers or neighbours. The Policy lists a number of factors that the Council will consider in making its assessment.

Design and Conservation Considerations

- 3.28 Policy UD1 of the Deposit Plan sets a number of criteria that proposals must meet in terms of scale and density. Policy UD2 sets out a number of elements that proposals will be assessed against in terms of architectural quality.
- 3.29 The Council expects separate Design Statements and Access Statements to be submitted as part of planning applications for most new developments (Policy UD4, Deposit Plan).
- 3.30 Where developments are proposed in conservation areas, the Council will pay special attention to the desirability of preserving or enhancing the character and appearance of the area (Policy UD22 of the Deposit Plan). New uses will be permitted in conservation areas, except where there would be a detrimental impact on the character, fabric or appearance of the area or its setting.
- 3.31 Proposals for the demolition of buildings in conservation areas will be considered against a number of criteria including, the condition of the building; the likely cost of the repair or maintenance of the building; the adequacy of efforts to maintain the building in use and the suitability of any proposed replacement building (Policy UD23 of the Deposit Plan).
- 3.32 Policy DEV36 (Policy UD19 Deposit Plan) states that consent will not normally be granted for the demolition or partial demolition of any listed building except where a strong case for demolition exists. Any case should have regard to the relative importance of the building both architecturally and historically; the condition of the building and the estimated costs of repair and maintenance; and the importance of any alternative use for the site.
- 3.33 Policies UD17 and UD18 of the Deposit Plan also concern listed buildings. Policy UD17 seeks to protect and enhance listed buildings and their settings, whilst Policy UD18 states that the Council will consider new uses for long term vacant listed buildings in a flexible way, where new uses respect the character of the building and its setting and enable it to be kept in good repair.

Landscaping

- 3.34 Good quality landscaping is a requirement of redevelopment schemes and Policy UD11 of the Deposit Plan requires a fully documented landscape plan to be prepared for all new development, excepting minor works.

Environment

- 3.35 Design proposals should be sensitive to the character of the surrounding area with regard to massing, scale, density and use of materials (Deposit Draft policies ENV1 to ENV31).

Sustainable Development

- 3.36 The need to achieve sustainable development is incorporated in Strategic policy SP16, of the Deposit Draft.

Equal Opportunities

- 3.37 Policy HSG10 of the Deposit Draft seeks 'Lifetime Homes' standards and the Council will seek to negotiate some provision of dwellings to mobility standards.

Contaminated Land

- 3.38 Policy ENV9 refers to the development of sites where land may be contaminated. The policy requires a site investigation be carried out for development on contaminated land.

Community Facilities

- 3.39 Strategic policy SP8 of the Deposit Draft UDP sets out to ensure that there are high quality local services for the Borough's residents.
- 3.40 Policy SF1 states that the Council may find it necessary to consider health facilities on the Borough's larger sites and that such facilities will be readily accessible to users in relation to commercial and residential developments. The policy also states that developer contributions will be sought to achieve this.
- 3.41 The Deposit Plan states that the Council will ensure that the ability of all residents to access the social facilities they need by public transport, will be maintained and preferably enhanced. The Council will require any development that displaces existing or increases the need or demand for social facilities to provide or contribute to new or existing provision to meet identified demands on or off-site (Policy SF1).
- 3.42 The Council also recognises that whilst some facilities still meet the needs of the community, other buildings are often run down and surplus to requirements.

Transport

- 3.43 Linking transport and development is identified as a key planning principle in the Deposit Plan. Policy TRN1 states that the Council will focus high-density development in areas of high public transport accessibility (see above comments on the Council's PTAL scoring).
- 3.44 The UDP sets out parking standards in Policy TRN6 and Planning Standard No.7. For large residential developments in areas with good public transport (PTAL between 4 and 6), the maximum off-street parking is set at 50% for all residential units. Lower levels of parking are encouraged in areas scoring between 5, 6a and 6b. A full Transport Assessment is required for development proposals comprising 100 dwellings or more.

- 3.45 Policy TRN8 and Planning Standard 8 highlight the requirement for Travel Plans to be submitted with specific development proposals.
- 3.46 The Council's Borough Spending Plan (BSP) and related Local Implementation Plan (LIP) will also need to be considered as part of any planning application.

Planning Obligations

- 3.47 The Deposit Plan (SP 23) states that the Council will seek to secure through s106 Planning Obligations, infrastructure and community benefits in accordance with appropriate legislation and guidance.

Supplementary Planning Guidance

- 3.48 In addition to the affordable housing SPG the following SPG Notes are relevant to the redevelopment of this site:
- Supplementary Planning Guidance – Landscape Requirements
 - Supplementary Planning Guidance – Securing a Safe Environment
 - Supplementary Planning Guidance – Residential Space
 - Supplementary Planning Guidance – Designing out Crime (Parts 1 and 2).

These notes are material considerations which will inform Supplementary Planning Documents.

4. Principles to Guide the Re-development of the Site

- 4.1 On the basis of the planning policies and conservation issues associated with the site and surrounding area, the following Planning Principles are appropriate to guide the redevelopment of the St Clements Hospital site.

Land Uses

- 4.2 Given the characteristics of the site, the nature of the surrounding land uses and the Borough's housing needs, in circumstances where all or part of the site is no longer required for health care uses, the Council will support the use of surplus land for primarily residential purposes with essential healthcare facilities.
- 4.3 The Council will require a comprehensive approach to the redevelopment of the site redevelopment that meets its policy objectives.

Ongoing Health Care Requirements

- 4.4 The London Borough of Tower Hamlets and the NHS are committed to providing further improvements to healthcare facilities within the Borough. These are outlined in Part 2 of the draft Brief.
- 4.5 As part of any redevelopment of the St Clements site, the Council will support the provision of a primary health and social care resource centre including the provision of a Specialist Physical and Sensory Disability Centre for Independent Living.
- 4.6 The facility will have a total floor area of 3,000 sqm gross, which must be designed to disability standards. The provision of up to 10 parking spaces to support the facility is considered to be appropriate. The preferred location for the facility is at the northern part of the site, close to Mile End Road.

Sustainable Development

- 4.7 The development should reflect the principles of sustainable development as outlined in the Council's adopted UDP (Policy DEV2(4), Policy ST3 and ST7).
- 4.8 Redevelopment should achieve the four aims of sustainability as set out in the Government's 'A Better Quality of Life (1999)': meet the needs of everyone; effective protection of the environment; prudent use of natural resources; maintenance of high and stable levels of economic growth and employment.

Affordable and Key Worker Housing

- 4.9 When considering proposals that involve the redevelopment of the St Clements site for residential purposes, the Council will seek an element of affordable housing. Affordable housing includes social housing for rent, intermediate housing (including key worker accommodation) and low cost market housing.
- 4.10 Taking into account the requirements of the Council's adopted and emerging affordable housing standards and the strategic target included in the London Plan, the Council will be seeking a figure of no less than 35% of the total housing provision as affordable. On-site provision will be required.
- 4.11 The precise level and mix of affordable housing that is deemed appropriate will be determined in the context of the Council's Housing Needs Study and

taking into account individual site costs. Other factors that will be taken into consideration include the wider benefits provided by the scheme.

- 4.12 The Council's preference, as identified in the Deposit Plan, is to calculate affordable housing provision on the basis of the total gross floor area provided.
- 4.13 The Council will seek the affordable housing allocation to be split at a ratio of 80:20 (social rented to intermediate).
- 4.14 The Trust has a requirement for key worker housing on the St Clements site and discussions with applicants will ensue, as to the provision of such housing. The Trust's key worker housing quota will need to be provided over and above the 35% minimal requirement for affordable housing.
- 4.15 The Council will require the majority of the social element to be provided as low cost housing for rent. A range of tenures will be encouraged for all elements of affordable housing provision.

Housing Mix and Type

- 4.16 In considering proposals for residential development the Council will aim to secure a mix of unit types and sizes, having regard to the requirements of Policy HSG7 of the UDP and its Housing Needs Study.
- 4.17 The Council will expect a proportion of family accommodation (of between three and six bedrooms) as part of the affordable housing provision, mixed with one and two bedroom units, in accordance with the Eastern Sub-region Housing Needs Study.
- 4.18 A proportion of smaller units (one and two bedrooms) will be acceptable as part of the market housing, mixed with some three bedroom family units. These mixes and types will need to be discussed with the Council at the pre-application stage.

Density, Massing and Height

- 4.19 Given the previously developed nature of the site, its accessibility by public transport, the existing urban form and opportunities to secure a quality residential environment, the Council will seek to secure that any redevelopment proposals achieve the most efficient use of the site, provided this is compatible with the local context, design principles, public transport capacity and the listed nature of the site as a whole.
- 4.20 The key factors in determining the appropriate density, massing and height of new development will be the need to preserve the setting and character of the listed site; the character and appearance of the Conservation Area; and the effect of proposals on the amenity of the surrounding residential properties, taking into account daylight and privacy issues.
- 4.21 Other relevant factors that will be taken into consideration include the height of the existing buildings on site, and those in the surrounding area.
- 4.22 It is considered that a range of building heights could be accommodated across different parts of the site.
- 4.23 The Council will support proposals for residential development that achieve a density between 450 to 700 habitable rooms per hectare identified in the

London Plan and the emerging UDP. The Council anticipates proposals in the lower part of that range, due to other considerations on site

Open Space

- 4.24 The development of a new residential community will require the provision of an appropriate quantity of publicly accessible open space within the site. This should include the provision of green play space. The Council's Draft Open Space Strategy should act as a guide to this provision.
- 4.25 Discussions with Friends of Tower Hamlets Cemetery and the Council's planning landscape officers will be necessary in designating open spaces, within the development scheme. There may be scope for improvements to continue into Cemetery Park,.
- 4.26 All open space on site should be safe and usable. This may include provisions such as appropriate lighting, CCTV and landscaping – designed with safety and security in mind.
- 4.27 Opportunities for green roof space and the creation of habitats (ref. LBTH Biodiversity Action Plan) should be explored by applicants in landscaping proposals.

Amenity

- 4.28 The Council will require that any new development does not adversely affect the amenity of existing residents in the surrounding area.
- 4.29 The design of new development should also secure a high quality of amenity for new residents. The Council considers that balconies and terraces contribute to the amenity of residential properties.

Permeability

- 4.30 At present there is no public access through the St Clements site. The redevelopment of the site for a residential scheme will offer opportunities to increase permeability and create new public routes through the site, for example the provision of a link to the public footpath at the rear of the site's southern boundary.
- 4.31 Although the complete demolition of the listed walls will not be possible, innovative perforations will be actively sought by the Council in order to open up the site.

Access

- 4.32 There is presently one vehicular access to the site from Bow Road.
- 4.33 The needs of disabled people should be considered at all stages of the development, ensuring that residential areas have safe access arrangements. An Access Statement will be required to address this issue.
- 4.34 The Council will encourage applicants to provide appropriate signage on site, to encourage pedestrian movements to and from local public transport nodes. This should also include the provision of public transport information on site.
- 4.35 LBTH would also welcome discussions to link the site and the Cemetery Park, with Safe Routes to Schools (SRTS) programmes.

Parking

- 4.36 In considering proposals for redevelopment, the Council will have regard to PTAL indices, which recognise the St Clements site as falling in a highly accessible area. Overall, the Council will seek to minimise the impacts of traffic and on-site parking and opportunities to reduce car parking numbers will be encouraged. Consideration will need to be given to screening, greening and softening the impact of car parking. A Travel Plan and a Transport Assessment will be required in support of any planning application (see Deposit Plan, Planning Standard 8).
- 4.37 Due to the significance afforded to the green landscaping to the front of the site (see heritage section), it is not deemed as appropriate to allocate any parking here. Parking should be integrated into other areas of the site, so as to be camouflaged by Blocks 1 and 2, allowing for building vistas to be enjoyed from Bow Road, without the visual intrusion of parked vehicles.

Designing Out Crime

- 4.38 Designing out crime means removing the opportunity for crime and reducing the fear of crime through the built environment. The design of public space to provide safety can be achieved by designing for natural surveillance and human presence and designing-in territoriality and community involvement.
- 4.39 Natural surveillance relies on observation – by making buildings front into the public realm, careful orientation of entrances and windows, designing an integrated network of streets and careful soft landscaping can ensure surveillance and self-policing. Distinguishing between the public and private realm will deter intruders from private spaces.
- 4.40 The redevelopment of the St Clements site needs to ensure integration into the existing townscape and therefore crime prevention measures should enhance permeability and avoid ‘gating’ the site from its surroundings.
- 4.41 Lighting provides essential safety and security along highways and footways but innovative lighting design can also enliven and animate public spaces. Low maintenance energy efficient lighting systems should be adopted. Prevention of unnecessary light leakage and maximising the effectiveness of light sources should not inhibit innovative animation of public spaces and building frontages.

5. Heritage Principles

- 5.1 This section constitutes LBTH's character assessment for the site. This assessment is to be used as a guide to the redevelopment of the site, in terms of heritage. A plan of the site's buildings, illustrating block numbers, is included at Appendix C.
- 5.2 Originally constructed as the City of London Workhouse for the East London and City of London Union in 1849, The buildings were altered to form the City of London Union Infirmary in 1874. Further alterations were made to the buildings in 1911 when it was refurbished and re-opened as the Bow Institution. The London County Council took over the Bow Institution in 1930 and re-opened as a mental health unit in 1933. Suffering bomb damage during the Blitz, the integrity of the historic buildings has been diminished by site modifications, building demolitions and new developments which have occurred as a consequence of changes in use and treatment methods since its construction.
- 5.3 The St Clements Hospital site is of historical significance for its representation of its development history. The place is also of significant for the architectural qualities of its principal early buildings and remains an important icon in the consciousness of the wider community. It has long been a prominent landmark in its locality.
- 5.4 These attributes of cultural significance now reside primarily in the central core of the surviving early buildings and supporting elements from the earlier layouts (predating 1948).
- 5.5 The continuing evolution of treatment regimes, building technologies, and social and commercial expectations mean it will not be appropriate to attempt to return the site and its historic buildings to their earlier state, but rather to manage further change in such a way as to preserve the most significant, remaining, representative elements of the historic hospital complex's heritage values.
- 5.6 Any further upgrading, adaptation or redevelopment of the property should respect the surviving pre-1948 buildings' historical and architectural significance, and not diminish or destroy the principal elements thereof. No redevelopment should therefore impact upon their setting and context, or the existing presentation of the site on Bow Road.
- 5.7 There is considerable scope for change inside the historic buildings, however no further diminution should occur of elements identified as being of highest significance, to preserve the buildings ability to represent its special architectural and historic interest. Where possible, the original cellular form and presentation of some rooms and elements of high significance should be maintained in any future refurbishment or changes in building use. Development of buildings should be undertaken under the principles of the Borough's UDP policies and PPG15.
- 5.8 The Development Brief has been produced in order to allow sensible, substantial changes to upgrade the historic buildings to commercial and functional standards while preserving as much (as practicable) of the surviving original building fabric that illustrates the design intent of the historic site and its development history. If required to assure the viability and conservation of

the more significant elements, accretions (such as the later chapel block, generator shed and other later additions considered to be of low significance) may be demolished.

- 5.9 This section of the development brief seeks to outline how the retention (or recovery) of the site's heritage significance may best be achieved. Some historical research into the development history and architectural significance of the individual buildings has been undertaken by Fielden & Mawson, providing an analysis of original form, sequence of construction and other changes made over time. Additional analysis should be undertaken in order to establish the site's historical, social and therefore its present cultural significance as a former institutional complex, in order to inform actions that will retain, recover or enhance that significance as part of any proposed future development of the site.

Legislative Parameters

Heritage Listing

- 5.10 The St Clements Hospital site was listed (Grade-II) in 1973. The principal effect of listing is that it brings to bear the provisions of the Planning Act 1990 that requires any proposed development affecting a registered place to be referred for review and authorised by the Borough as the Local Planning Authority. This referral requirement essentially provides an obligation to consult, in order to ensure that a place's principal heritage values are not disregarded or destroyed by proposed changes or inappropriate development. Any development proposed to a listed place will require listed building consent.
- 5.11 PPG15 quotes: Paragraph 6.19. Section 1(5) of the Act sets out the meaning of a listed building for the purposes of the Act: A listed building is one included in a list compiled or approved by the Secretary of State and includes 'any object or structure fixed to the building' and 'any object or structure within the curtilage of the building which, although not fixed to the building, forms part of the land and has done so since before 1 July 1948'.
- 5.12 The listed buildings included in the listing description are 'St Clements Hospital, Bow Road E3' and 'Front Wall Gate Piers & Gates at St Clements Hospital, Bow Road E3'. It is Council's view that all buildings that were formerly the City of London Infirmary at the time of listing should also be considered as part of the listing. The St Clements Hospital site is enclosed by a brick wall, clearly defining the curtilage boundary.
- 5.13 The Borough's Unitary Development Plan sets out the development control provisions applicable to the site. It establishes guidelines for the development of listed assets within the Borough and is based on National Policy Guideline Planning Documents.
- 5.14 Potential for site redevelopment is, appropriately, limited by the constraints of the Council's UDP policies which seek to maintain and restore heritage-listed buildings, and to ensure that new development is sympathetic and compatible with the character of the Tower Hamlets Cemetery Conservation Area. The significance and character of the complex survives as much in its early ancillary buildings as it does in the more prominent ward and administration buildings, and the character of the site is defined by this historic building mix. Any new buildings are to be designed and constructed in a manner that is

sympathetic with the overall character of the area. These requirements will have implications for identifying redevelopment opportunities for the site.

Conservation Area

- 5.15 The Tower Hamlets Cemetery Conservation Area was designated in November 1987 and includes the cemetery, Wellington Way, Wellington School, Bow Road Underground Station, Brokesley Street and the St Clements Hospital site. The conservation area is largely defined by low-medium scaled historic buildings set within landscaped green space, the largest being the historic cemetery. The principal historic buildings of St Clements Hospital present the most prominent built fabric in the area. The site is defined by a solid boundary wall, juxtaposed against the more open and visually permeable boundary to Tower Hamlets Cemetery. Perforation of the brick walls running along the east, west and southern boundaries in order to increase visual and physical permeability through the development site is considered appropriate, however the retention of the historic hospital boundary line is an important feature of the character of the area and should be marked in some way.
- 5.16 PPG 15 also states that ‘the general presumption should be in favour of retaining buildings which make a positive contribution to the character or appearance of a conservation area.’ Buildings considered ‘significant’ to the cultural history of the St Clements Hospital site are also considered to be contributory to the character of the Tower Hamlets Cemetery Conservation area and have been listed in this report. The level of significance will inform the level of acceptable intervention and redevelopment of individual buildings. High quality contemporary additions and major internal modifications may be acceptable where fabric has been significantly compromised in the past. Nevertheless, it is the grouping of the surviving buildings as remnants of the historic workhouse/hospital site which is of principal importance, and it is this character which will need to be maintained and reinforced by an innovative and sensitive design approach in any redevelopment proposed to the St Clements Hospital site. This approach is supported by current legislative policy, where PPG15 states that ‘it is the quality and interest of the areas, rather than that of individual buildings which should be the prime consideration in identifying conservation areas...’
- 5.17 ‘...There has been increasing recognition in recent years that our experience of a historic area depends on much more than the quality of individual buildings – on the historic layout of property boundaries and thoroughfares; on a particular ‘mix’ of uses; on characteristic materials; on appropriate scaling and detailing of contemporary buildings; on the quality of advertisements, shop fronts, street furniture and hard and soft surfaces; on vistas along streets and between buildings; and on the extent to which traffic intrudes and limits pedestrian use of spaces between buildings. Conservation area designation should be seen as the means of recognising the importance of all these factors and ensuring conservation policy addresses the quality of townscape in its broadest sense as well as the protection of individual buildings’.

Compliance with the Building Regulations

- 5.18 All of the historic buildings were constructed under early and superceded building regulations and do not comply with prevailing Building Codes. In considering the impact of current legislative requirements, some level of dispensation may be awarded in regard to historic buildings at St Clements Hospital in order to preserve their heritage values. Some matters requiring a flexible approach include the fire resistance and thermal rating of existing building fabric, seismic stabilisation, egress requirements in regard to stair balustrading, treads, distances of travel, door swings, and escape for disabled persons. The provision of fire hydrants, hose reels, and extinguishers as required by the relevant codes and their impact on heritage fabric will also require consideration with any future upgrade or changes of use of the buildings.
- 5.19 Changing the use of existing buildings or parts thereof to accommodate alternative desired or allowable uses can trigger different Building Code requirements associated with that necessitating building modifications which will have both a cost impost and a potential impact upon historic building fabric. Such impacts will have a bearing on the appropriateness or otherwise of proposed alternative uses, and may preclude some. In adapting them, the aim therefore should be to find uses that will enable these buildings to be made viable and safe in a pragmatic way.

Significance of the Place

- 5.20 St Clements Hospital illustrates the evolution of a substantial institutional complex through its numerous changes in use, and stands as a physical testament to the history of health care and treatment of the East London community. While the appearance of the site and its buildings has altered over the years, the core of the original hospital complex survives with sufficient integrity to demonstrate the place's previous long history.
- 5.21 Although some of the representative qualities of the original complex have been compromised, with the substantial truncation of the Administration Block and the loss of other smaller ancillary buildings as a result of war-time bomb damage, sufficient fabric remains to illustrate its cultural significance as one of the Borough's principal specialist health-care facilities, and to be able to interpret its earlier form, layout and institutional context.
- 5.22 In the more than one hundred and fifty years since its establishment, St Clements Hospital has insinuated its presence deep in the community mind, developing strong social values, as well as landmark qualities derived from its large site and the grand scale of its early buildings. The John Denham Building on Bow Road and the Administration Building behind, with its central clock tower, in particular have always been dominant elements in the complex of buildings on this hospital site.
- 5.23 The place's cultural value is substantially derived from its social values and sense of place, reinforced by its remaining original architectural and site layout characteristics. The place as a whole has many layers of meaning to those who have been associated with it, as patients, family or staff. St Clements Hospital is also an important icon in the consciousness of the wider community, possessing social values extending beyond those having had a

direct association with the Institution. It has long been and remains a prominent landmark in its locality.

- 5.24 It is St Clements Hospital's historic, architectural and cultural values which are of overall importance, and which remain evident in the style, built forms and layout of the older buildings, despite the changes that have occurred over time. These attributes now reside primarily in the central 'core buildings' on the site defined by the surviving early buildings and supporting elements from the earlier site plans:

Block 1:	John Denham Building
Block 2:	Bungalow Building
Block 4:	Admin Block
Block 5:	North Block
Block 6:	Catering Building
Block 9:	Occupational Therapy
Block 10:	Laundry
Block 15:	South Block
Block 16:	Generator
Block 17:	Old Boiler House

and in the remaining historic elements of the larger site area which include the following elements:

- The boundary walls and gates;
- The symmetrical layout of the two principal buildings to the south of the site;
- The landscaped area to the front of the John Denham Building (Blocks 1&2);
- The mature trees to the north-eastern corner of the site.

There is a secondary layer of lower significance residing in the buildings built in the pre-war period, which represent the last major development period of the site.

Grading of Significance

Defining Levels of Significance

- 5.25 St Clements Hospital complex has several layers of significance which relate to its historical periods of development, defined by the social, economic and treatment imperatives. It is similarly possible to identify differing layers of meaning, integrity and significance to the individual buildings which make up the complex.
- 5.26 To assist in the identification of the relative levels of significance of the key surviving elements of the early hospital complex as a means of informing conservation policy and development opportunities, elements of the site have been given a further significance grading on the following basis:

Elements of High Significance

- 5.27 Elements of high significance are those which have high contributory or representative values with regard to building fabric, spatial arrangements and/or decoration, and are key contributors to, or elements of, the place's cultural values as represented in the physical fabric. Such elements may include buildings, walls, circulation patterns, land uses and planting, and may include individual elements within such buildings or spaces, which are unusual or rare or contribute substantially to the significance of the building or site. Their conservation is critical to the cultural values of the place and satisfaction of legislative requirements.

Elements of Medium Significance

- 5.28 Elements of medium significance are buildings, spaces and/or individual elements of buildings and the site which are highly rated for their contribution or representativeness to the overall cultural significance of the place, but which are not in their own right particularly outstanding in the wider context of the place's planning, building designs, materials, methods of construction or patterns of use. Such elements, whether they be structures, spaces or individual components of buildings or spaces, are significant for their contribution to the cultural significance of the place and the character of the conservation area, and their retention and conservation is required.

Elements of Low Significance

- 5.29 Elements of low assessed significance are generally those which help in understanding the place's current or former use and form but are not considered to be substantial components of or contributors to the integrity or character of the place. While they may not be considered to make an important contribution to the cultural significance of the whole, they are identified as an element of that significance and are also considered contributory to the character of the conservation area. They should not be removed or altered without demonstrable benefit to the preservation of the place's higher values, or the viability of the building in the longer term.
- 5.30 PPG15 (3.17): 'The Secretaries of State would not expect consent to demolition to be given simply because redevelopment is economically more attractive to the developer than repair and re-use of a historic building, or because the developer acquired the building at a price that reflected the potential for redevelopment rather than the condition and constraints of the existing historic building'.

Elements which are Without Significance, or Intrusive

- 5.31 These are elements which, because of their inappropriate period, style, or unrelated purpose, or because their integrity has been significantly reduced by subsequent alteration or part demolition, are generally considered to have insufficient contribution or representative value to contribute to the overall significance of the place despite their role as illustrators of continuing use. Some such elements can indeed reduce the overall significance of a place, and the preferred option for such intrusive elements is usually their removal, conversion to a more compatible form, or replacement in a way which will help to retain the significance of the overall building or site.

- 5.32 The surviving significant elements of historic St Clements Hospital, graded by these levels of significance, are considered to be as follows:

The Site

Elements of High Significance

- The front wall piers and gates on Bow Road;

Elements of Medium Significance

- The surviving orthogonal grid of the original hospital site plan and buildings layout.
- The boundary walls along the south, east and west edges of the site;
- Any landscaping features that survive from the original workhouse period

Elements of Low Significance

- Any landscaping features that pre-date 1948

Elements Without Significance

- All landscaping and planting which dates from after 1948.

The Buildings

(Cross reference paragraph 5.24 and Appendix C for building identification.)

Elements of High Significance

- Frontage buildings on Bow Road (Blocks 1 & 2);
- Central administration building (Block 4) and the three storey northern portion of the original east wing (Block 5);
- South Block (Block 15) excluding all post 1948 accretions ;

- 5.33 The highest significance is attributed to the external built forms and design characteristics of the above buildings and structures, which illustrate the original workhouse plan and later hospital developments, the historical importance given to the social issue of health provision by government and community. With the exception of the two principal buildings (Building 1/2 & Building 4/5) whose use-related interior layouts and surviving fitments are important examples of their type, the interiors of the other buildings listed above are categorised as being of lesser significance.

Elements of Medium Significance

- 1849 Generator (former mortuary – Block 16) forming part of the rear boundary wall
- Surviving part of the 1849 catering building (Block 6) excluding later alterations;
- 1849 Laundry (Block 10)
- 1849 Old Boiler House (Block 17)

- 5.34 Medium significance is attributed to the external built forms and design characteristics of these buildings and structures, which illustrate the growth and development of the Institution in accordance with the original masterplan, and the accommodation within it. The interiors of the above buildings are categorised as being of lesser significance.

Elements of Low Significance

- The surviving interior layouts, fabric and fitments relating to the former hospital uses of the above buildings;
- Post-1945 Linen Store (Block 13);
- 1930 Workshops (Block 14);
- 1937 Nurses Home (Block 8);
- 1911 Occupational Therapy (Block 9).

Elements Without Significance

- Within the significant core of the historic hospital site, all ancillary buildings and accretions which date from after 1948;
- 1966-7 Timber Building (Block 3);
- 1959 Wentworth Stanley Hall (Block 7);
- 1970 Boiler House (Block 11);
- 1970 Oil Store (Block 12)

5.35 The guideline statement of cultural significance provided in this brief and supporting documentation prepared by Fielden and Mawson, is central to the development of an appropriate conservation approach to the redevelopment of the site, in that it identifies why the place is significant, what elements of the site and buildings contribute to that significance and grades the nature, extent and degree of intactness of the significant surviving fabric. An assessment of the condition of the structure and fabric of the key historic buildings identified by the Brief, in order to establish priority conservation action, is therefore required as part of any development proposal.

5.36 In developing a realistic conservation approach for St Clements Hospital, the needs, aspirations, current proposals, available finances and commercial viability of the place must also be recognised, as well as those other requirements likely to affect the place's future and integrity. A 'Conservation Statement' will usually address such matters as building fabric and setting, current and future uses, maintenance and the management of change; and will distinguish between essential and desirable activities; and establish priorities for their implementation.

Constraints Arising from Significance

5.37 The heritage values of the St Clements Hospital site reside in its historical and institutional contexts, and the way these have been translated in the fabric, appearance and evolution of the hospital site including the remnant orthogonal masterplan, representative of a 19th century design style for institutional building type. The constraints that arise from the place's significance principally relate therefore to the need to preserve the site layout and to find uses for the former wards, administration and ancillary buildings which will enable an understanding of their original forms and uses to be retained.

5.38 Clearly, the cellular interiors of the former Wards buildings are obsolescent, are unlikely to ever revert to their intended use and are not readily suited for habitation or work-related activities within contemporary accommodation standards, services and expectations. It has been demonstrated many times that the best means of conserving historic buildings is to adapt them to economically and functionally viable contemporary uses. In the case of places with high social value, or with now redundant, specialised building configurations, this inevitably requires a conservation approach that

recognises a higher level of fabric sacrifice than might otherwise be countenanced.

5.39 In such instances, the Conservation Statement will need to address such key issues as:

- protection of fabric versus function, where the key conservation issue may be continuity of social value, use, and access, rather than intactness of original fabric;
- the hierarchy of 'fabric significance' levels in the context of understanding the buildings former, special purpose and planning, with a view to specifying the maximum levels of intervention/fabric removal which might be acceptable in order to achieve a viable alternative use, without destroying the place's overall significance;
- the distinction between stabilisation necessary to preserve, and restoration desirable to recover significant building fabric, in relation to potential future use;
- the importance or otherwise of retaining the historical settings and spaces between the principal buildings to preserve their experiential and historic context;
- appropriate ways of making the historical and architectural significance of the St Clements Hospital comprehensible within any future development of the site, through the treatment of its physical fabric and adoption of the compatible use(s);
- how the implementation of the conservation approach will change the place and its setting, and affect its significance, and the degree to which it should be reversible, if future circumstances permit.
- the extent to which existing fabric, use, associations and meanings should be recorded before any changes are made, and how that information is to be preserved.

The preparation of a 'Conservation Statement' outlining a conservation approach for the St Clements Hospital site should form part of any development proposal.

Development within Conservation Areas

5.40 Development within conservation areas is guided by relevant national (PPG15) policies and those expanded on in the Borough's UDP.

5.41 PPG15 (4.18): 'Special regard should be had for such matters as scale, height, form massing, respect for the traditional pattern of frontages, vertical and horizontal emphasis, and detailed design) eg. the scale and spacing of window openings, and the nature and quality of materials). General planning standards should be applied sensitively in the interests of harmonising the new development with its neighbours in the conservation area.'

5.42 PPG15 (4.19): 'Development...carried out in a conservation area must give a high priority to the objective of preserving or enhancing the character or

appearance of the area. If any proposed development would conflict with that objective, there will be a strong presumption against the grant of planning permission...'

- 5.43 Although it is acknowledged that some conservation areas can fall into a state of disrepair, the very qualities which make conservation areas of interest also help to encourage investment and pressure for development which, unless adequately controlled, tends to destroy those very characteristics which made the areas attractive in the first place. – English Heritage 'Conservation Area Practice'
- 5.44 PPG15 (4.20): 'Whilst the character and appearance of conservation areas should always be given full weight in planning decisions, the objective of preservation can be achieved either by development which makes a positive contribution to an area's character or appearance, or by development which leaves character or appearance unharmed.'

6. Planning Application Process

Consultation

- 6.1 Prior to the submission of planning, listed building and conservation area applications to the London Borough of Tower Hamlets the applicant should hold early discussions with the Major Project Development and Strategic Applications, conservation and traffic and transportation sections of the Council. Early discussions with the GLA and English Heritage are also recommended.

Form of Submission

- 6.2 Applicants will be expected to demonstrate how their development proposals comply with the objectives contained within this Brief. In particular, applicants will need to demonstrate that their proposals:
- Address the Council's policies on conservation and heritage, housing, open space, transportation and built environment;
 - Have regard to the London Plan and the Council's Supplementary Planning Guidance documents;
 - Achieve national planning policy objectives;
 - Respect the listed nature of the site and the character and appearance of the Conservation Area; and
 - Are in line with principles of good urban design.
- 6.3 Over and above the documents listed in the summary of the key redevelopment issues, at the front of this Brief, planning, listed building and conservation area applications for a redevelopment scheme will need to be supported by the following:
- Planning statement
 - A character appraisal of the historic site, in justifying any development proposals on site
 - Travel Plan
 - Transport Assessment
 - Design Statement
 - Access Statement
 - Arboricultural report
 - Landscape Statement
 - Post and during construction environmental management plan
 - Energy efficiency and recycling statement.

Environmental Impact Assessment

- 6.4 An environmental impact assessment (EIA) will be required for this site, purely by virtue of its size and not withstanding other key components.
- 6.5 For an EIA to be required the proposals must constitute "EIA development" as defined at Part I (2) of the Town & Country Planning (Environmental Impact Assessment) (England & Wales) Regulations. In this respect, proposals could be considered as Schedule 2 development, category 10 of which refers to urban development projects that exceed an area of 0.5 hectares.

Section 106 Agreements

- 6.6 The Council will require the applicant to enter into a Section 106 Agreement. Section 106 requirements will be subject to the guidance set out in Policy DEV of the adopted UDP.

7. Contacts

**Owen Whalley – Head of Major Project Development
Owen.whalley@towerhamlets.gov.uk 020 7364 5314**

**Mark Hutton – Development Design and Conservation Manager
mark.hutton@towerhamlets.gov.uk 020 7364 5372**

**Anne-Marie Berni – Major Development Project Planner
anne-marie.berni@towerhamlets.gov.uk 020 7364 5324**

Any documents discussed in this Brief, can be provided upon request (subject to availability).