

CITY PLAN 2019 - 2040

Statement of Common Ground

Submission

October 2024

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1 Introduction

1.1 Introduction

Introduction

1. This document has been submitted as a proposed Statement of Common Ground (SoCG) between the Imperial College Healthcare NHS Trust (ICHT) and Westminster City Council (WCC), hereafter known as “the parties”.
2. This SoCG relates primarily to the proposed site allocation of St Mary’s Hospital, Paddington in the Westminster City Plan Partial Review within Policy 8.
3. The ICHT represent the majority of the land within the boundary of the St Mary’s Hospital site allocation, along with representing the interests of the Imperial Health Charity (see Appendix 1). One building within the red line boundary for the allocation is not in the control of the ICHT. Known as the ‘New Medical School’, this building is currently occupied by the Imperial College London, however they will soon be vacating this building due to the university relocating to their new White City campus. Notwithstanding this, as the New Medical School building is not owned by the ICHT, this SoCG deals only with the remaining buildings across the site area included within the allocation. Details of landownership are demonstrated in Appendix 2.
4. Extensive discussions have been held between both parties as the policy was drafted and, in the lead up to submission of the plan, as documented in Appendix 3. This SoCG focusses on the issues raised in the ICHT representations at Regulation 19, where agreement between parties have subsequently been reached, and any remaining areas of disagreement.
5. This document is structured as follows:
 - Introduction
 - Section 1.1 – Introduction
 - Policy Matters
 - Section 2.1 – Regulation 19 consultation
 - Section 2.2 – Policy Matters Agreed Between Parties
 - Section 2.3 – Agreed Modifications to Policy
 - Section 2.4 – Policy Matters Currently Outstanding
 - Conclusion
 - Section 3.1 – Conclusion

2 Policy matters

2.1 Regulation 19 consultation

1. Regulation 19 consultation period

- The Regulation 19 consultation ran for a period of eight weeks from the 14th of March 2024 to the 9th of May 2024. During this time, representations were received from a range of interested parties with regards to the policies proposed as part of the City Plan Partial Review. This included proposed Policy 8 – St Mary’s Hospital.
- The ICHT submitted a consultation response to WCC on the 25th of April 2024. Their response included a written representation setting out their objectives for the site and suggested wording amendments. This was supplemented by two documents. The first was a ‘Needs Case’ which outlined the reasons for requiring a new hospital on site and the ICHT ambitions for what could be delivered. The second document was a note prepared in response to queries raised by WCC officers during discussions with the ICHT. This note included rationale for:
 - Hospital need and sizing
 - Land availability
 - Phased delivery
 - Hospital massing
- The information contained within the documents submitted by the ICHT during this period form the basis for this SoCG, as to be discussed in further detail in Sections 2.2, 2.3 and 2.4 of this document.

2.2 Policy Matters Agreed Between Parties

Overview of policy matters agreed between parties

- WCC and the ICHT agree that the City Plan Partial Review should include the allocation of St Mary's Hospital. A number of policy matters are agreed to by both parties. This includes the following:
 1. The vision for the site allocation.
 2. That it is unnecessary for site allocation to prescribe overall development capacity of the site as a whole in advance of a detailed scheme being drawn up.
 3. That the existing hospital must remain operational whilst a new one is built.
 4. That a new hospital of circa 136,000sqm (based on current projections) is needed.
 5. That the consolidation of the hospital campus on a smaller footprint can free up land for other forms of development that can contribute to the objectives of Paddington Opportunity Area and help deliver the objectives of London Plan policy GG2 (Making the best use of land) and S2 part 5 (Health and social care facilities).
 6. That new development should seek to optimise densities across the site and any new development will respond to the neighbouring character of the site (which includes both the existing heritage context and the Paddington Opportunity Area).
 7. That the provision of high-quality public realm is essential and should enhance the local area.
 8. That the site is an appropriate location for tall building/s, with the northern portion of the site offering the greatest scope for building height given its proximity to the cluster of taller buildings within the Paddington Opportunity Area.
 9. That the hospital should be the tallest building on site.

2.3 Agreed Modifications to Policy

1. Through the representation received by the ICHT and subsequent negotiations, WCC have agreed to make a number of amendments to the Regulation 19 version of Policy 8 – St Mary’s Hospital. These modifications have been incorporated within the CORE_002 Schedule of Modifications document. These have been reproduced here for completeness where there is a direct correlation with a proposed change suggested by and agreed with the ICHT. These changes now supersede those suggested by the ICHT in their Regulation 19 submission.
2. Table 2.1 demonstrates the changes to be made with green text denoting new text proposed compared to the Regulation 19 version of the policy. Strikethrough red text denotes text proposed for removal compared to the Regulation 19 version.

Table 2.1: Summary of agreed modifications to Policy 8, relevant to submission made by the ICHT during Regulation 19 consultation

Reference	Section of policy	Proposed modification
S/8/01	Principle B	Existing levels of healthcare to be maintained across the site during the construction of any the new hospital building/s within a smaller footprint of the site.
S/8/03	Principle D	The delivery of the new hospital will release surplus land for alternative uses that will help facilitate the wider ambitions of the designated Paddington Opportunity Area whilst also contributing to the deliverability of the new hospital. Where any existing land is evidence to no longer be need for healthcare purposes, a Alternative uses such as commercial, community and/or residential will contribute to the objectives of the Paddington Opportunity Area, be designed to a high standard and should not compromise the operational requirements of the any new hospital.
S/8/05	Principle E	Where the new hospital floorspace is evidenced to be required through the delivery of a tall building/s, all other uses should grade down in scale from this, so the important public function of the hospital is given prominence and provides legibility benefits. Optimisation of development densities across the site shall be in a manner that will responds to its designation within the Paddington Opportunity Area and the varied townscape character and heritage value on site and the prevailing character and scale of the surrounding area.
S/8/06	Principle F	Enhancements to the key routes through the site in terms of quality, navigation and useability permeability should form a key part of the masterplan for the area, be made through the site, including improved pedestrian access to the canal and enhanced permeability.
S/8/07	Principle J	New development should include the provision of new high quality and enhanced public realm including spaces for leisure and rest. This should promote high amenity values, limit negative microclimatic conditions and optimise separation distances between buildings of greater massing.
S/8/13	Figure 16	Updates to legend in the diagram to make the different heritage designations clear.
S/8/08	Paragraph 8.4	Current projections are that new hospital floorspace of approximately 136,000sqm GIA is needed. This is coupled with a need to consolidate the functional requirements of such floorspace in a manner that optimises clinical adjacencies and enables helipad access, to secure better quality

		healthcare provision. These requirements will need to be balanced whilst maintaining existing levels of healthcare provision during the construction of any the new hospital building/s. The provision of new hospital floorspace will therefore require intensification of the site and consolidation of healthcare uses on a smaller footprint than the existing hospital to ensure there are no interruptions to services during the redevelopment.
S/8/09	Paragraph 8.5	Upon completion of a consolidated new, fit for purpose hospital on site, where it is evidenced that some existing floorspace currently used for healthcare purposes will become is then surplus to operational requirements, and available for other forms of development. Alternative uses that can positively contribute to wider objectives of the Paddington Opportunity Area are supported.
S/8/10	Paragraph 8.7	Intensification of the site will however need to respond to existing heritage and townscape value, the wider setting of the Paddington Opportunity Area, and the cluster of established tall buildings within the context of the need to deliver a new hospital on site.
S/8/12	Paragraph 8.9	Where new hospital floorspace may be is provided through a tall building/s, this should be given primacy in terms of building height across the site, reflecting the important public function of its uses, increasing its legibility, and providing functional benefits in terms of the need for helipad access.

2.4 Policy Matters Currently Outstanding

Overview of policy matters currently outstanding between parties

- WCC and the ICHT agree that the City Plan Partial Review should include the allocation of St Mary's Hospital. However, there are three matters relating to this site allocation policy which remain outstanding. This includes the following:
 1. Policy should specify the need for the viable delivery of a hospital to underpin the site allocation.
 2. Heritage conservation and enhancement should not be stated within the policy and supporting text.
 3. Supporting text should not make reference to any potential types of residential development.
- These matters are elaborated on in further detail below.

1. With regards to Principle A: Policy should specify the need for the viable delivery of a hospital to underpin the site allocation.

Introduction

- During the Regulation 19 consultation, the ICHT proposed revised wording to Principle A. They suggested amendments (additions in green text) as follows:

*"The **viable** delivery of a new hospital that meets projected future healthcare needs and provides an enhanced patient experience, including improved legibility for those arriving from Paddington Station".*

ICHT position

- The ICHT contend that including the word 'viable' is reasonable as it sets out the expectation that for a new hospital to come forward, it has to be funded, and that part of that funding will have to be derived from the release of the remaining site for redevelopment. In discussion with the ICHT it was raised that this inclusion is not intended to predetermine any viability discussions which will have to be set out within any planning application, if any justification for development rests on this matter.
- The ICHT state that councils have a duty to select 'deliverable sites'. Therefore, it would need to be demonstrated at Examination that there are no impediments to delivery which could not be resolved through the planning system, including methods of funding of the new hospital, which they see as being vital for a new hospital to proceed.
- Furthermore, the ICHT contend that the word 'viable' is used extensively within planning policy as a measure of what is realistic to provide, for example, within affordable housing policy.
- Through discussions following the Regulation 19 consultation with WCC, the ICHT proposed additional wording changes (additions in green text) as follows:

*"The delivery of a new hospital that meets projected future healthcare needs **that is capable of delivery within agreed funding parameters set by the Government**".*
- This revised suggested modification removed the word 'viable', whilst reiterating the precarious funding arrangements that any development across the site will be subject to.

WCC position

- The council do not believe that it is appropriate to include the word 'viable' within this core principle as viability is already a consideration in the planning process and is not a matter to be addressed within a site allocation policy. The council believe that in order to achieve good placemaking outcomes, viability should not be the primary focus of the principles of the site allocation policy and that any matters relating to funding and delivery are to be dealt with at the planning application stage. Given the site allocation policy does not specify the quantity of development to be achieved across the site, it is therefore not appropriate to be requiring matters of viability to be a key consideration of the policy.

2. With regards to heritage matters within the policy and supporting text.

Introduction

- The ICHT representation received during the Regulation 19 consultation process requested that wording be amended with regards to how heritage assets are dealt with in the policy text. This included the following:

Complete re-draft of Principle E to be as follows: *"The optimisation of development densities across the site will be delivered in a manner that responds to the site's context and its designation within the Paddington Opportunity Area within a highly sustainable location. Building heights should grade down from the height of the new hospital so the important public function of the hospital is given prominence. ~~Where hospital floorspace is evidenced to be required through the delivery of a tall building/s, all other uses should grade down in scale from this, so the important public function of the hospital is given prominence and provides legibility benefits. Optimisation of development densities across the site shall be in a manner that responds to the townscape and heritage value on site and the prevailing character and scale of the surrounding area;~~"*

Amendments to paragraph 8.7 as follows: *"Intensification of the site will however need to respond to the ~~existing~~ positive heritage context and townscape value and the wider context of the Paddington Opportunity and the cluster of established tall buildings within the context of the need to deliver a new hospital on site. Loss of heritage assets may be appropriate where this brings public benefit."*

- Following Regulation 19, WCC proposed modifications to Principle E, paragraph 8.7 and the inclusion of a new clause and associated supporting text relating to heritage assets. The primary reason for these changes were to balance feedback received from other parties during the consultation. Changes were made to reflect the position of the ICHT to Principle E and paragraph 8.7. These have been agreed and are included as modifications to the policy in Section 2.3 of this document (see proposed modifications S/8/05 and S/8/10). However, the new clause and supporting text proposed by WCC to deal with heritage matters remain outstanding. Proposed wording amendments by WCC are included as follows:

New principle: *"Development across the site will conserve and enhance heritage assets in a manner appropriate to their significance."*

Additional paragraph (with black text denoting text from existing paragraph 8.7): *"Proposals will conserve and enhance heritage assets in a manner appropriate to their significance. ~~Proposals resulting in any harm to heritage assets, or their settings will be determined in accordance with the NPPF. Figure 16 identifies key heritage assets and designations within the site. In addition, as there is some potential for some significant 19th century archaeology within the site (as set out in the Archaeological Statement), any planning application should be accompanied by an updated archaeological assessment that sets out appropriate mitigation measures where relevant.~~"*

ICHT position

- The proposed modifications to introduce a new principle and supporting text were shared with the ICHT. In response to these modifications, the ICHT proposed further changes, as included below in red text.

New principle: *“Development ~~across of the site~~ ~~will~~ should conserve ~~and enhance~~ heritage assets in a manner appropriate to their significance.”*

Additional paragraph: *“Proposals ~~will~~ should conserve ~~and enhance~~ heritage assets in a manner appropriate to their significance. Proposals resulting in any harm to heritage assets, or their settings will be determined in accordance with the NPPF, taking account of the significance of each asset and the public benefits of development. Figure 16 identifies key heritage assets and designations within the site. In addition, as there is some potential for some significant 19th century archaeology within the site (as set out in the Archaeological Statement), any planning application should be accompanied by an updated archaeological assessment that sets out appropriate mitigation measures where relevant. “*

- The ICHT highlight that the primary aim of the site allocation policy is to deliver a new hospital in Paddington, where there is significant need. They contend that the inclusion of phrasing requiring that heritage assets are ‘*conserved **and enhanced***’ places too much of an emphasis on the enhancement of heritage assets. In effect, the wording is in a manner that pre-determines any impact assessment that will be undertaken as part of the planning application process. As a result, the ICHT are unable to support wording that pre-determines issues that both the ICHT and WCC have not yet assessed in detail, and which have the potential to undermine the ability to deliver the primary aim of the site allocation.
- Furthermore, the ICHT contend that reference to the loss of heritage assets relates to the Design Review Panel comments (provided in the council’s evidence base) which state: *“the heritage assets across the site are of mixed quality”* and that *“there could be scope for some loss of heritage assets where this brings public benefit”*. Additionally, the wording changes proposed by the ICHT are intended to be compliant with the NPPF and to provide a balance to the redevelopment objectives of the site allocation. The ICHT therefore contend that the wording ‘enhance’ goes beyond the principles of the NPPF which requires conservation in a manner appropriate to significance. The ICHT state that the NPPF does not refer to the need to conserve **and enhance** heritage assets, and that conservation should be the primary reference within the site allocation policy. On this basis, the wording changes proposed by the ICHT are argued to acknowledge both the adopted Westminster City Plan Policy 39: Westminster’s Heritage, and the NPPF and therefore do not seek to undermine any heritage considerations.

WCC position

- Adopted City Plan Policy 39: Westminster’s Heritage states the following:
 - B. *Development must optimise the positive role of the historic environment in Westminster’s townscape, economy and sustainability, and will:*
 1. *ensure heritage assets and their settings are conserved **and enhanced**, in a manner appropriate to their significance;*
- Whilst the adopted policy would apply to any development proposals coming forward at the St Mary’s Hospital site, the council have amended the site allocation policy to include a new core principle and relevant supporting text for consistency and to ensure that this is clear. The council’s position remains that development must ensure that heritage assets and their settings are conserved and enhanced in a manner appropriate to their significance. This is also consistent with the requirements of the NPPF. Therefore, given that the new principle and supporting text is consistent with other existing requirements of the Development

Plan, this does not pre-determine any matters and does not have the potential to undermine the delivery of the hospital.

- Whilst the DRP report was provided within the evidence base and does state *'there could be scope for some loss of heritage assets where this brings public benefit'*, this is just one piece of evidence along with a raft of others – including the St Mary's Heritage Impact Assessment which states that further, more detailed impact assessments would be needed at the planning application stage to assess any potential impacts. The potential for public benefits to outweigh harm to heritage assets is included in paragraphs 207 and 208 of the NPPF. This, however, is contingent on assessing the extent of harm in relation to the public benefits delivered and the significance of the asset. It is also dependent on the asset designation type.
- In the absence of detailed designs to understand the true nature of potential public benefits, along with no detailed analysis assessing the impact of any loss of heritage assets, the council are not able to accept this wording within the site allocation policy. This is believed to be a matter better dealt with through a planning application where officers can be properly informed of the impacts to heritage assets.

3. With regards to Paragraph 8.17: Supporting text should not make reference to any potential types of residential development.

Introduction

- During the Regulation 19 consultation, the ICHT proposed revised wording to paragraph 8.17 of the supporting text for the policy (omissions in red text) as follows:

"The incorporation of some residential development (~~which could include key worker housing or residential care uses~~) into proposals can help address high levels of housing need and contribute to a vibrant mix of uses across the site. However, likely levels of noise, and access requirements associated with hospital use, mean that any such provision will need to be carefully considered and, if provided, sited and designed with high levels of sound insulation in order to achieve satisfactory living conditions for future residents."

ICHT position

- This omission is proposed by the ICHT as they believe that the site is not suitable for residential care uses. Furthermore, the ICHT contend that it is not helpful to pick out certain types of residential uses without a reason to why these might be suitable and that by doing so, this makes the policy overly prescriptive. Their proposed wording is to remove any reference to the type of residential units on the site, which should be subject to further feasibility testing through a future planning application.

WCC position

- The council included this wording in the Regulation 19 version of the policy to align with the types of residential uses it would like to see come forward at the site, recognising that this type of housing could offer benefits in terms of potentially providing accommodation for hospital workers, or elderly residents who may need access to healthcare uses. Both types of occupants would also benefit from the accessibility of the site by public transport and the co-location of key services in a sustainable location.
- As it is recognised that this will need to be subject to further feasibility work, this text was included within the supporting text, rather than within the policy itself. Furthermore, this was phrased as 'could include' to enable flexibility in the future scheme to be brought forward by the ICHT at a later date. On this basis, the council believe that the wording should remain as proposed within the Regulation 19 version of the policy.

3 Conclusion


3.1 Conclusion

Conclusion

1. This SoCG has been prepared in collaboration with WCC officers and representatives of the ICHT from June 2024 to October 2024 and represents our respective positions as of October 2024.
2. The statement has been prepared as a live document that can be updated in response to any issues arising through the examination as necessary.

Signed confirmation

3. Both parties consider that this SoCG represents an accurate record of their respective positions in relation to draft Policy 8 – St Mary’s Hospital.

Signed on behalf of Westminster City Council		
Name and Position	Signature	Date
Debbie Jackson Executive Director of Regeneration, Economy and Planning Westminster City Council		01/11/2024

Signed on behalf of Imperial College Healthcare NHS Trust		
Name and Position	Signature	Date
Matthew Tulley Redevelopment Director Imperial College Healthcare NHS Trust		22/10/2024

4 Appendix

4.1 Appendix 1 – Representation of Imperial Health Charity



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22 August 2024

Matthew Tulley
Redevelopment Director
Imperial College Healthcare NHS Trust

Dear Matt

Re: Imperial Health Charity – Winsland Street land

Thank you for keeping me informed on progress on the St Mary's Hospital redevelopment plans and the approach, agreed with the New Hospital Programme, to progress a town planning application for the whole St Mary's site. We have agreed it is sensible and makes for a joined-up approach for this to include the Imperial Health Charity land on Winsland Street.

I can therefore confirm on behalf of the Charity that it supports the Trust master planning team in developing plans for St Mary's that will include the Winsland Street land.

Please do let me know if you need any further information at this stage.

All best wishes

Ian Lush OBE
Chief Executive, Imperial Health Charity

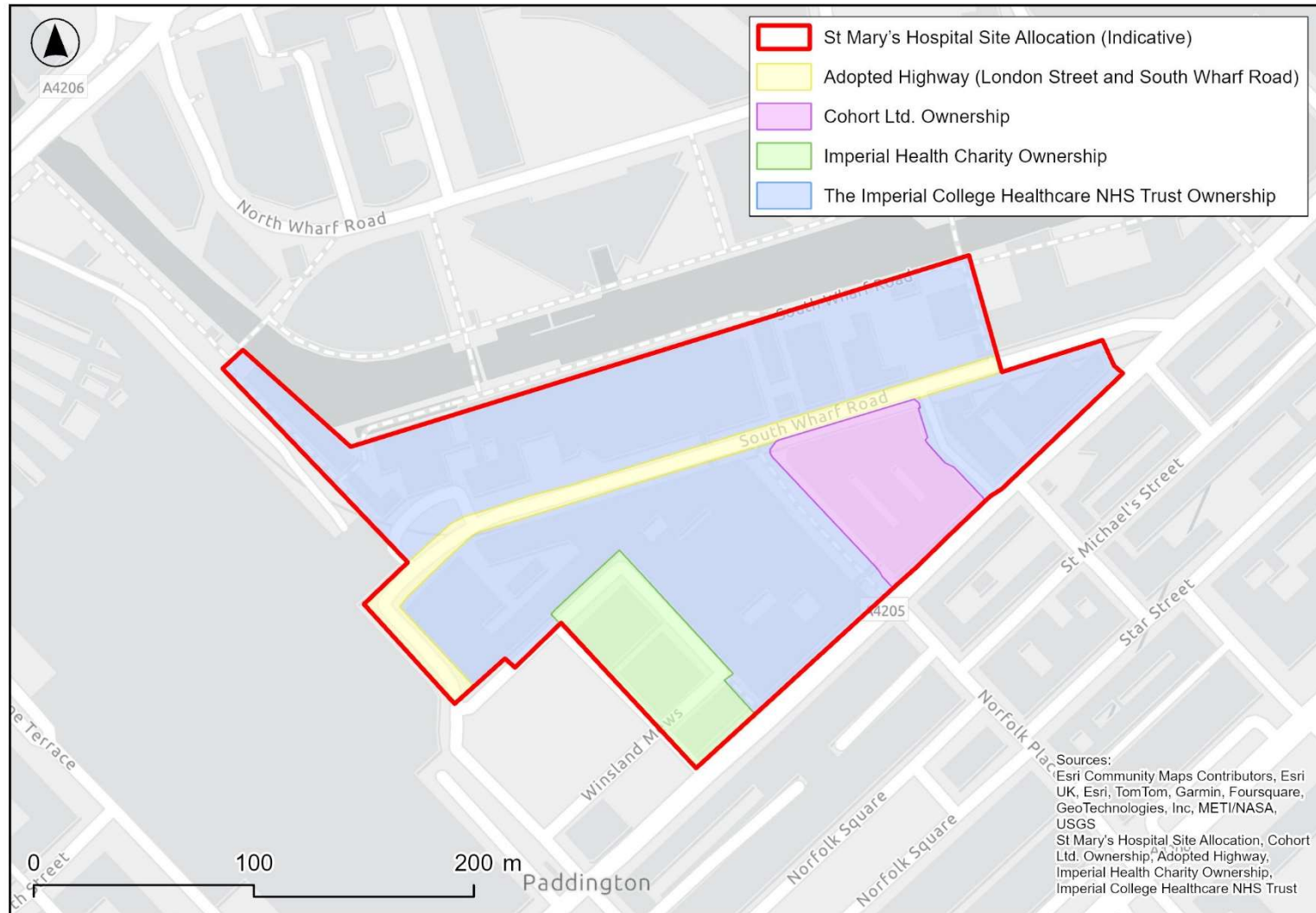
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4.2 Appendix 2 – Land ownership overview



4.3 Appendix 3 – Engagement between parties

Engagement between the parties undertaken to date

1. The preparation of the site allocation policy took place between June 2023 and February 2024. During this time, a number of meetings were held between the ICHT and WCC. Table 1 below provides an overview of the engagement undertaken during this period, in addition to discussions held between the parties during the Regulation 19 period and following the consultation in the development of this SoCG.

Table 1: Summary of engagement between parties

Date	Meeting held
<i>Informal engagement in the lead up to Regulation 19</i>	
02.08.23	Meeting between ICHT and WCC
30.08.23	Meeting between ICHT and WCC
18.09.23	Meeting between ICHT and WCC
03.10.23	Meeting between ICHT and WCC
04.10.23	Meeting between ICHT and WCC
11.10.23	Meeting between ICHT and WCC
16.10.23	Meeting between ICHT and WCC
23.10.23	Meeting between ICHT and WCC
7.11.23	Meeting between ICHT and WCC
13.11.23	Meeting between ICHT and WCC
14.11.23	Meeting between ICHT and WCC
27.11.23	Meeting between ICHT and WCC
06.12.23	Meeting between ICHT and WCC
08.01.24	Meeting between ICHT and WCC
16.01.24	Meeting between ICHT and WCC
<i>Engagement during the Regulation 19 period</i>	
25.03.24	Meeting between ICHT and WCC, during Regulation 19 period
<i>Engagement following the Regulation 19 period to prepare this SoCG</i>	
19.06.24	Meeting between ICHT and WCC
09.09.24	Meeting between ICHT and WCC

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October 2024

